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NEW YEAR THOUGHTS.

Midnight! The first few moments of the New Year! Whenever we are "seeing out the Old and in the New," whether in some gay company, or in the silence of our own chamber, at this hour there is a pause, and one's thoughts turn to ourselves inevitably. The New Year! How our hearts glow when we again make those annual resolutions, that even when life's meridian is past we still make, that this year we shall not make the mistakes, the failures that were ours last year, that, God helping us, for most of us lean more on that Help as we grow older and feel our weakness and the buoyancy of youth departing, and realize that there is Something outside ourselves, to which we can appeal, not vainly, for help. Those first few moments, when the chimes ring out in the darkness, telling us that the Old Year has gone, and welcoming the New, are fraught with resolutions for the future. The old man or woman, the careless youngster in his early teens, the man hardened in vice, the innocent girl, all feel at this time some pang for the past, make some resolve for the future. However we may try to "shelve" such thoughts, they are there in our innermost hearts.

Then with sad introspection we look back on the year that has gone! Our triumphs which mean so little now they are gained and past; our failures, which still ache in our hearts. We will try to do better this year. And then when we rise and go about our daily occupations we try to put forth some of the feeling which has been in our hearts, in the "Happy New Year" which is our spoken greeting to all we meet.

But alas! as the days go by the ardor of the New Year wears away, our resolutions grow dimmer. Already we have been called on to shoulder some burden! What is before us? Oh, this "crossing of bridges before we come to them!" If we can only learn the lesson of living in to-day the victory over that terrible indefinite depression is won. "To live in to-day."

To make the most of any tiny gleam of sunlight that may break through the clouds; to laugh whole-souledly at the humorous side which most incidents have; to face the worry or trouble and endure it bravely as one would bear a physical pain, knowing that beyond it is still lots of pleasure and happiness for us, although just now we are conscious of

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nothing but darkness. To know that we live but a day at a time, and that each day brings with it strength to bear that day's joy or sorrow! Nothing is ever so bad as we anticipate. The burden once shouldered is lighter than we expected. Let us do what even we have to do, either working or playing, to the best of our ability. I read the other day a re-adaptation of the child's prayer, "Now I lay me down to sleep." Here it is:—

"Now I get me up to work,
I pray the Lord won't let me shirk.
And if I die before the night,
I pray the Lord my work's all right."

This is the true spirit of living in to-day, and if we can carry this spirit with us through the coming year it will make a vast difference to our lives, sweetening our failures, lessening the sorrows, cheering depression, brightening the joys and triumphs.

Arthur Christopher Benson says: "A man can throw himself in utter confidence before the feet of God, claiming nothing, demanding nothing, but the sense of perfect acquiescence in His will and deed. The secret is not to forecast and forebode, but to live in to-day, and for the day, practising labor, kindliness, gentleness and peace."

A. H.

IMPRESSIONS OF JEANNE MANCE AS TO THE ADVANCE IN THE NURSING PROFESSION SINCE 1642.

By Miss H. A. Des Brisay, Montreal.

It is a long time since Jeanne Mance cared for the sick in your city, and I could not but contrast the Montreal of to-day with that of nearly 300 years ago, as I came along Sherbrooke street to-night. Then it was the heart of the country, and now it is the heart of the city. You all know how tremendous the strides of civilization have been since I lived here. However, I did not come to-night to talk about that side of the question—I want to consider what the advances are which have been made in the profession to which you are all devoting your lives. When the small mud huts were put up in the field at the foot of the mountain, where the large hospital, known as the Hotel Dieu now stands, things had to be done on very primitive lines, but I think I may say that the patients were given the same tender care as those in the most thoroughly equipped buildings of to-day—in fact, they may have had more individual care. Of course, there were fewer of them —but I cannot help thinking that the patients in the wards of our large hospitals are sometimes subjected to what one might call "rush treatment." It must be so where one pair of hands is expected to do so

Read at the November meeting of the Canadian Nurses' Association.

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much work in a given time. Of course we know that to many of the patients in the public wards of our hospitals it all seems most palatial, but that is surely no reason why the staff should not be large enough to dispense that royal treatment without the fearful rush which seems to be the common method in the institutions of to-day. For example, I understand a helpless patient often has cold nourishment (when it should be hot), or none at all, because nurse has not time to feed him or her. This surely should not be. It is bad not only for the patients, but for those who minister to their needs.

In August, when so many were considering the questions which were being discussed by the International Council at Cologne, one read in many papers such articles as these: "Will not the medical men tell the community what is to be done to put our hospitals on a *decently* efficient footing?" "How is it that the health of Peter the nurse is exploited in hospitals to benefit Paul the patient!" "It seems quite senseless to make one set of people ill in order to nurse another set back to health!"

In looking back all these years I can see that it has been proved over and over again that women are not mentally less strong than men, but physically—nevertheless they have often far greater powers of endurance. But these very facts make it incumbent upon those responsible for organizing the work of nurses, to insure that the burden is eased as much as possible; that though occasional overstrain is inevitable, it is not constant, or necessitated by the condition of work—that good food, *properly* served, and sufficient time for rest and recreation, are assured to them. Many improvements have been made, but I understand they have sometimes been "bought with blood." When one, shall I say over-conscientious, nurse, falls under the burden and passes in behind the veil, then something is done to relieve the pressure for the one who follows. It seems as though we were slow to learn our lesson, and it often requires some calamity to teach us what our responsibilities really are.

In all departments women's labor is cheap and plentiful. When some fall out of the ranks, others are ready to take their places, especially in the ranks of hospital nurses, and one cannot help noticing that in considering salaries, it is not so much what the work is worth, or what can reasonably be expected in this age of expensive living, as it is how little it can be done for. In private duty, the strain may not always come in the actual duties performed (though they are often onerous enough), but in its irregularity, the uncertainty of the calls, the constant tension, the strain of night as well as day, and the frequent lack of sleep. This question of overstrain seemed to be the main wrong the great Congress had to correct.

In Dr. Hecker's wonderful paper he discussed the whole subject,

and said the vital question of the day was the excess of work of nurses with consequent overstrain, and undue demands upon their strength. Fatigue was physiological, *over fatigue* was pathological. The regulation of work was a most important point, and the remuneration of nurses proves how under-rated the nursing profession is in some countries.

Lack of knowledge is often a fruitful source of overstrain. Conscientiousness, too, adds to the strain of the worker, a strain unknown to the type of Sairy Gamp or Betsey Prig. The nurse who goes from one acute case to another where her rest is broken and sleep limited needs a few days between to recover physical, mental and spiritual poise. Few persons realize that while the ordinary able-bodied man considers that eight hours a day with a weekly half-holiday, and Sunday's rest, constitute a good week's work, at *least* twelve to fourteen hours a day for seven days a week, or nights when the strain is increased, is expected of most nurses.

The strain of the district nurse and that of the one engaged in social service is one in which sometimes underfeeding comes in as chief factor, as well as the lack of personal comforts. I say comforts, but necessities would be the better word. For warm quarters, hot bath and appetizing food are among the necessities of life when, wet, foot-sore and weary, the nurse returns home at the close of an anxious day's work; but at the ratio of salary to board and lodging she must either get them for herself or go without.

Another form of overstrain not to be justified, is that of the nurse who endeavors to lead the ordinary social life of pleasure at the same time—to regard nursing only as a means to an end—to put so much time in sickroom or hospital while the real interests of life remain outside. Nursing is an exacting task-mistress, and inevitably and rightly avenges herself on those who attempt to depose her from her position as absolute monarch.

Unquestionably our duty is to guard against overstrain. A patient's first need is a nurse with freshness and vitality. Nurses have a duty to themselves, and it is futile to insist upon the importance of the rules of hygiene to others, and deliberately ignore them oneself, although it must be admitted in these days of high pressure it is far easier to preach than to practice.

And now I want to tell you something of those wonderful days in Cologne. I was one of the happy ones called upon to attend this great gathering of the world's nurses from all parts of the globe and of every age. For how long one read before in the different journals such announcements as the following: "Only a few weeks and the nurses from all parts of the world will have assembled in Cologne," or "In ten days' time nurses from 23 countries will assemble to attend the meet-

ings of the I.C.N.''—''Hurrah for Cologne!'' etc.? There is so much I could tell you, but I have taken a good deal of your time already, and must only give you a synopsis of the doings of those days.

We arrived on Friday, August 2nd, at midnight, and found that

JEANNE MANCE.
As presented by Miss Des Brisay at the Nursing Pageant, Cologne, and when giving her Address

Sister Agnes and Miss Dock had secured accommodation for us at one of the hotels, and the latter came next morning to see if we were comfortable. Saturday was devoted to getting tickets for Congress, excursions, etc., seeing the exhibition and meeting old friends. On San-

day night the banqueting hall of the Gurzenich, which was built by the City Fathers of the 15th century, was crowded for the pageant. The windows of this building are filled with stained glass of historic interest, and the walls are decorated with a representation of the procession on the completion of the cathedral in 1680. The Mayor and Professors welcomed us with hearty greetings. Then came the Manner Choir, enthralling us with its music, after which followed the marvellous series of living pictures. The motif of the pictures was to illustrate the development of sympathy for the sick and poor. They were all represented by living people, but were astonishingly like figures carved in wood, stone, bronze and marble. You have all doubtless read the description of the pageant in the different magazines. By special request it was repeated on Tuesday night.

Monday, Tuesday and Wednesday were devoted to the different sessions, at which papers were read setting forth the development and advancement of the nurse's work. Some of these papers were in German, but the gist of them was given us in English, when they were not fully translated. They were on "Nursing Education," "The Preliminary Education of a Nurse," "The Duties of the Matron in the Administration of Hospitals, in the Training and Education of Nurses," "The Social Work of the Nurse—in Homes for Working Women—Care of Children—School Work—Welfare Work for Tuberculosis Patients—As Police Assistants—in Prisons—State Registration." In all work the overstrain of nurses was widely discussed as the question of vital importance.

On Monday, the fifth, we were entertained at a tea in the Flora by the Mayor and Municipality of Cologne, where we heard more exquisite music in the beautiful Palm House. The banquet held in the splendid gold and white ball-room of the Hotel Disch on the evening of August 7th was a most brilliant social event, and I am sure will never be forgotten by those who were present. It was the first that had ever been held in Cologne organized by women, but it will certainly not be the last. I would say to all who have never been present at the banquet, do not miss is in the future under any consideration.

Of our day at Kaiserswerth there is much to tell. On Thursday morning, August 8th, we left Cologne by steamers, and enjoyed a vast amount of happy intercourse, and an excellent dinner on board, arriving at Kaiserswerth in a rain storm. We were met by the kind Pasteur Von Velsen, and our party was divided into groups of forty, each with a conductor, and guided through the quaint, picturesque town. To reach the Mother House we passed through the peaceful cemetery where is buried Freidricke Fliedner, first wife of Pasteur, to whom we must be given recognition for the creative genius and marvellous spiritual energy which found practical expression in the foundation of the first

Hospital and Mother House. She was only forty-two when after almost superhuman efforts she was laid to rest sixty years ago. An iron railing protects the grave where, under the stone with its symbols of dove, olive branch and star, all that is mortal of this wonderful woman is resting. The inscription is "Come ye blessed of My Father, inherit the Kingdom prepared for you from the foundation of the World." A wreath of laurel tied with purple ribbon was placed on the grave, a gift from the National Council of Great Britain and Ireland. Pastor Fliedner is also buried there, and by his side Mother Caroline, his second wife, who died at the age of eighty-two; also Gertrude Reichardt, first Deaconess, and many others who have worked and died at Kaiserswerth. Two other things we wanted specially to see: the little corner room which had been occupied by Florence Nightingale, and the little Garden House, the cradle of Kaiserswerth. The former is in the building at present used as the school for teachers, and the windows for this happy day were flower bedecked and draped with the British colors. We were permitted to enter the room and look out on the lovely gardens and peach orchards, to where the Rhine flows so swiftly by. No doubt Florence Nightingale sat at these very windows and saw with prophetic vision the coming of the modern nurse. The sister in charge of this department, Sister Julie Borges, was a perfect revelation to us all, so wonderfully bright and active in spite of her years. Later, after we had been so kindly entertained with coffee and cake, she told us of her own personal relations with Florence Nightingale—how she went to London to see Miss Nightingale before she died. After refreshment she was admitted to Miss Nightingale's room, where she found her in bed behind a black and silver screen, placid and beautiful, wearing a lace scarf over her head. After delivering her greetings from Kaiserswerth, Miss Nightingale told her she should never forget the kindness she had received there. Sister Julie told her she was called "The Queen of Nurses," to which she gave a little smile and changed the subject by asking Sister to pray with her. She told Sister to go up to the roof garden and take some flowers to Frau Disselhoff, one of the oldest nurses in the Home.

In conclusion, Sister Julie said: "God removes His workmen, but carries on His work, and that you are all assembled here to-day is a sign to me that the good work of Florence Nightingale still goes on."

Sister Louisa, who spoke English fluently, explained the various branches of the work which is carried on in twenty-four buildings—the school for domestic training for young girls, school for teachers, hospital for sick, children's hospital, orphanage, mother house, school for deaconesses, church, insane building, house for nervous diseases, penitentiary, and many others. Sister Louisa, we were delighted to find, was the grand-daughter of Pastor and Freidrike Fliedner. At six

o'clock we were escorted back to the landing, and said good-bye to all our kind friends after a most delightful day.

On Friday we went by train to Bad Neuenahr, and no one can wonder at the reputation the German baths have gained after seeing the perfect arrangements. The whole day is not given up to drinking the life-renewing waters, but it must be all too short to enjoy the beautiful gardens and music, which even in this land of musicians is exceptionally fine, and the walks and excursions in the valley of the Ahr, which tradition tells us is a bit of Paradise, which fell from the hands of the angels, when on account of man's transgression the Garden of Eden was being removed from earth to heaven. About four hundred of us went to this wonderful spot, and were entertained by the administration to luncheon in the concert hall. The hospitality was most generous and the music an abiding delightful memory. Music played a very memorable part in all the hospitality of the Congress.

In connection with the springs, the Director mentioned among the cases for which they are beneficial, diseases of the digestive tract, liver and kidneys, including gall stones and diabetes, gout, diseases of the respiratory organs, and an experience of over fifty years proved the efficacy of the treatment. Last year they had 14,000 patients. We were shown the different springs, of which there are none others (these alkaline thermal springs) in Germany.

The pleasures of the day were not yet over, for we were yet to see the famous sanatorium for nervous and mental cases at Ahrweiller, a short train journey from Bad Neuenahr. We were divided into four parties and conducted through this great establishment. One of the Doctor's daughters, Miss Sophie von Ehrenwall (the holy Hildegardis of the pageant, who lived about 1500—just one hundred years before me) was my guide. The grounds compose 452 acres, and the foundation stone of the principal house was laid in 1882.

There are a number of departments, and the area to be covered in going round this immense building was very great. Up and down stairs we went, however, in spite of the fact that we had already been over Neuenahr, as one of the nurses was heard to remark, "Faint yet pursuing"—but we were rewarded by an insight into a most wonderful institution. The electrical department was very attractive, where rowing, sculling, riding and all kinds of exercise can be indulged in. Miss Lee (whom those of you who were in London will remember) was greeted with shouts of laughter when she adventured upon the electrical horse, and though jolted up and down very rapidly, stuck to her mount.

The appointments in all departments are most luxurious, and one would not but be struck by the light and airiness of the whole establishment.

One other department I should like to mention is the exhibit of work done by the non-paying patients, including wood carving and

modelling. It was very fine. The charges for paying patients are very reasonable—from 10s a day up, which includes medical attendance.

When we had finished our rounds we were all quite ready for tea, which was served under the most delightful conditions one could imagine. Long tables laden with many good things and decorated with lovely flowers, were laid in a long beautiful pergola, and willing hands served us to refreshment.

All happy days come to an end, and this one shared the same fate that others do. Dr. Von Ehrenwall said he had been honored by an invitation to the Congress meetings and was much struck by the earnestness and discipline of its members. In an association of which he had been a member for thirty years, he had never met such profound earnestness and harmony as were so noticeable at the nurses' meetings, but you will agree with me if I ask you to think of it often, and may it always help to stimulate your zeal.

Sister Agnes returned thanks on our behalf for the many, many kindnesses which had been heaped upon us on the Rhine. It was this personal note of kindnes which was so conspicuous in all the festivities and which was so much valued, together with the good fellowship of the members, who were not only united as professional workers, but by the harmony of their aims. It was this which promised success in the future, and in this hope she said, "Farewell, till San Francisco."

Some of us were fortunate enough to have a few days afterwards in which to see something of Cologne. A German nurse, Sister Else Weiser, very kindly conducted me everywhere and showed me places and things I never should have seen if left to myself. Like everything else, it was all a joy, and I would say to every nurse who has her profession at heart, and is moved by any impulse for the public good, "*Do not miss these Congress meetings.* They are *most* inspiring. Just here I should like to quote part of a letter from Miss Hulme. She has attended all the Congress meetings, and says that as she counts the beads in the rosary of her years, the larger beads on the chain seem to represent the Congress years, knitting up, consolidating and making epochs in the daily, yearly toil and work. The impressions formed, the resolutions made, the friendships cemented during the Congress week are like the snapshots taken by the Congress members—taken and put on one side for the moment, brought out and developed later on, and finally printed in our hearts—

"And when at eventide we are alone,
We bring them out and live with them again—
The years all pass away which since have flown."

And we are back in London, Paris or Cologne, remembering this or that idea and suggestion given for the advancement of our work.

And thus we tell our beads of working days, gladdened by the

memory of good seed sown and good work accomplished, quickened and strengthened by sympathy and good fellowship, looking forward to the rivetting in the near future at San Francisco fresh links in the International Chain.

FEMALE POLICE ASSISTANTS.*

By Sister Henriette Arendt, Member of the Organization of German Nurses.

In 1868 the question of women workers in municipal government was first mooted, to-day 12,000 women are employed in all its branches. The fact that the supervision of prostitutes is now in the hand of the female police, may be looked on as a great step forwards, for women may be the means of reclaiming women.

In 1882 the two first female police assistants were appointed in Chicago by "the white union" and were supported by private subscription, with such good results that municipal appointments soon followed. In January, 1907, there were 80 female police assistants in America; to-day they are to be found in almost every large town of America. In 1903 the first female police assistant was appointed in Stuttgart—Sister Henriette Arendt. The following towns quickly followed Stuttgart's example: Hanover, Bielefeld, Berlin, Kottbus, Munich, Nürnberg, Augsburg, Kattowitz, Kiel, Freiburg, Leipzig, Dresden, Mainz, Würzburg, Regensburg, Elberfeld-Barmen, Königsberg, Bremen, Danzig, Breslau, Posen, Tilsit, Darmstadt, Magdeburg.

The duties of the female police assistants vary according to the towns. In Stuttgart Sister Henriette Arendt's duties were as follows: To see that order and decency were preserved by those who brought female prisoners to the police courts; to superintend all females brought to the police courts, whether they were eventually set free, senetenced to a term of imprisonment or transferred to other courts. Also to attend the daily medical examination by the police doctor, at which she was permitted to give an opinion as to whether an examination was advisable or could be omitted. Sister Henriette Arendt considered it her most important duty to make provision for the female prisoners on their being discharged, the greater number of whom are prostitutes: barmaids, factory hands, servants, and sometimes girls of the better classes.

It is rarely possible to reclaim those whose parents are criminals, but the female police assistant may obtain influence over and, thanks to private charity, materially aid young girls between 16 and 18 who come into her hands at their first offence, the result of unfortunate circumstances, levity and bad company, but who are not yet blunted by prison life. Sister Henriette Arendt considers reformatories and homes of

*Abstract of the paper read at the Congress of Nursing, Cologne, Germany, August, 1912.

refuge to be the most expedient means of reclaiming such cases. Her attempts at placing these girls in service met with little success. As a rule the girls had been out of work for some time and found domestic service irksome, whilst the mistresses did not always possess the tact and patience necessary for so difficult a task. Sister Henriette Arendt found it worse than useless to have the girls sent home to parents who were themselves averse to labor or too weak-willed to keep their children in the right path. From February, 1903, to January, 1909, 6,886 females passed through her hands, and with the aid of the Evangelical town-mission, of the Roman Catholic Union of the Good Shepherd, and the district Rabbi, 1,620 women and girls were either placed in reformatories, sent home or placed in service. As soon as her occupation became known in Stuttgart, girls who had been cut off by their relations or dismissed at a moment's notice by their employers, mothers with their illegitimate children, came to her for help and advice.

Sister Henriette Arendt lays stress on the fact that the duties of the female police assistant must not be restricted to the care of prostitutes in all their pitiable weakness, springing from moral hereditary taint, excessive use of alcohol and weakness of will. She has been instrumental in founding a home of refuge in Stuttgart for youths discharged from their first term of imprisonment, and maintains that a woman's influence is of inestimable value in restraining these youths in their downward career. In the cause of temperance, but most particularly in the rescuing of abandoned, endangered and ill-treated children, she insists on the value of the female police assistants. In the course of nine years' activity she was able to alleviate the sufferings of several thousands of men and women and 1,200 children.

This proves that the career of a police assistant opens to women workers a field of untold possibilities in the cause of humanity. It must be added that the duties of a female police assistant vary according to the different towns; in Freiburg the duties of the police-nurse, as she is called, are restricted to the supervision of children who are boarded out. Unfortunately some suffragists have contented themselves with being police assistants only in name. Until now there has been no special course of training for female police assistants, but it is much to be desired that they should be instructed in pedagogics, nursing and criminal law. Hospital nurses, especially deaconesses, have proved the most suitable for this difficult and responsible post.

The annual report of the Health Department of the Public Schools, Regina, Sask., for the year ending November 30th, 1912, shows the number of inspections to be 3,733; visits to homes, 851; pupils put under care of dentist, 92; operations for tonsils and adenoids, 53; pupils fitted with glasses, 27; dressings, 340; cases of pediculosis, 99.

TRAINING SCHOOL METHODS AND ORGANIZATION UNDER RELIGIOUS ORDERS.*

By Sisters of Mercy Hospital, of Chicago.

Let us glance backward at the state of society before the coming of the Redeemer. Idolatry and superstition, tyranny and oppression, reigned everywhere. Vices were worshipped. The sweet, consoling words of the Nazarene swept away these abominations and substituted a reign of truth, justice and mercy. What was the condition of the poor and unfortunate? They were treated with neglect and contempt, as objects of malediction of the gods. Even among the most civilized pagans there was no attempt at any asylum or refuge for the destitute and suffering.

The world was shrouded in pagan darkness until He came who called Himself the Way, the Truth and the Life. He commanded His disciples to go forth and teach all nations the saving doctrine which He had taught them. They obeyed the command, they went forth and planted the seeds of Christianity with heroic courage, which often forced them to water the seed with their life blood. As this seed of Christian charity sprang up, simultaneously sprang up charitable institutions: hospitals and asylums for the sick, the destitute, the aged and the orphan.

In order to perpetuate these good works, societies and religious communities of men and women were organized. From the earliest days of Christianity, monasteries and convents were soon filled with men and women. Often young girls devoted their lives to these good works. The founders of these institutions, knowing the necessity of a firmly organized body, with the permission of the Head of the Christian Church, bound themselves by vow to observe the three Evangelical counsels, to which they added a fourth vow, namely, the service of the poor, sick and ignorant. These communities may be traced back to the first century of Christianity.

Taking this view of the antiquity of religious orders, we can readily see how these people cling to their early teachings and feel that if they took in seculars to do the work which they had vowed to do, that they would not be living up to the promise that they had made to God—to serve the poor, the sick and the ignorant. (The Sisters of Mercy make this fourth vow). The religious orders which have been more recently founded, especially in Ireland and America, more readily adopt modern methods of nursing. The science of bacteriology has revolutionized surgery and has made possible things which forty or thirty years ago were considered impossible. We know that since germs have been proven to be the cause of disease, scientists on both continents have been and still are working to discover the best means of overcoming the pernicious effects of these pathogenic germs.

In 1861, when the Sisters of Mercy at Dublin, Ireland, were about

*Paper prepared for the Congress of Nursing, Cologne, Germany, August, 1912.

to open their first hospital, the "Mater Misrecordia," which is, or was at that time, the largest in the British Isles, and was called the "Palace of the Poor," several Sisters of Mercy were sent to Kaiserswerth to learn the methods of nursing then taught there. Irish Sisters of Mercy were with Florence Nightingale during the Crimean War. Miss Nightingale wrote that the sisters were her right hand, that they kept good order and preserved discipline wherever they were. Since 1861 most all workhouse hospitals in Ireland have been handed over to the Sisters of Mercy. The Government provides all necessaries and pays the Sisters a salary, also furnishes private apartments for the Sisters and allows them a Chaplin.

The Sisters of Mercy, Hospital of Chicago, Ill., have studied the best theoretical works recommended by physicians and others familiar with the modern methods of nursing. We were anxious to acquire the best means of applying the theory to the practical work of the latest improved methods of caring for the sick, and also of conducting a training school for nurses. In order to secure the best we were advised to procure a thoroughly trained woman to take charge of the training school. We were fortunate in getting a woman who started the school on the right basis and laid the solid foundation on which the Sisters have continued to build. The Sisters have taken up every new idea and continued to advance step by step, as theory and science led the way.

The Sisters specialize or take up one kind of work. Some have the operating room work. They have charge of the nurses employed in the operating rooms and teach them all things pertaining to surgical service. Other Sisters give X-ray treatments, make and mount skiagraphs; a Sister has charge of the surgical supply department, where nurses are taught to buy all surgical supplies, and also to prepare dressings for the different operations. Anæsthetics and everything needed for surgery are dispensed from this room. The pharmacy is in charge of a registered pharmacist. She is the first woman who took the State Board examination in the State of Illinois. All the medicines for the hospital are prepared by her and a Sister assistant. Another Sister has charge of the department of hydro-therapeutics and electro-therapeutics. We also have three Sister anæsthetists. The first one, who specialized in this work, has given 15,000 anæsthetics in twelve years, and has never lost a patienet from the effects of an anæsthetic. The Pathological laboratory is also under the care of a Sister. Internes make examinations of the various pathological specimens. All is under the supervision of Professor Robert F. Zeit, of the Northwestern University, Chicago.

The Obstetrical department is also in charge of a Sister. There are two dressing rooms, Septic and Asepetic, each in charge of a Sister, one interne and a nurse, where about one hundred patients are dressed daily.

The Superintendent of the Training School is a graduate of our own school, who after having taken the training became a member of the

community. The Assistant Superintendent is also a graduate of Mercy Hospital Training School. The pupil nurses average one hundred. Our training school is affiliated with the Northwestern University. Nurses receive their diplomas with the other students of the Northwestern University. It is the first training school in the United States to be affiliated with a university.

There are forty Sisters engaged in hospital work, twenty of whom are registered according to the laws of the State of Illinois for registration of nurses. We have graduated twenty-two classes, 350 nurses.

The nurse who is trained in the knowledge of sterilization and disinfection is able to give the surgeon most efficient aid, and the patient more comfort and assurance of speedy restoration to health. Those religious orders which have been founded during the nineteenth century have taken kindly to modern methods of nursing. The older religious orders which have not adopted the training school for nurses have not neglected to study the new methods and adopt new ideas in things pertaining to asepsis in surgery and nursing medical patients.

These religious organizations knew that to preserve order and secure best results there must be one head, whom all obey; as on board ship, if every man could steer the vessel, the confusion would cause shipwreck. To lead an army to victory soldiers and officers must obey one commander. On their obedience depends success. Their obedience springs not from ignorance, but from a thorough course of instruction, and an intellectual conviction that unity of action is the sure road to success This military obedience is carried out in our training school work, not what some call "blind obedience," but eyes, head and hands trained to work in unison with a kind and sympathetic heart.

As a proof that Sisters all through the United States are making progress in modern methods of nursing, we may state that Sisters of Mercy and members of many other Sisterhoods come to the Mercy Hospital, Chicago, to learn our methods of hospital management and also how we conduct our training school. To all who come we freely extend a friendly helping hand and invite them to light their lamps from our torch, which only burns the brighter by shedding abroad its enlightening rays.

Let us, dear sisters of the nursing profession, rejoice in this that He has promised the kingdom of heaven to those who labor in His vineyard, for has He not said, "Whatsoever you did to the least of my brethren, you did it unto me; therefore enter into the joy of your Lord."

GLEANINGS.

Hints for the District Nurse: An improvised bed table can be made from a medium sized soap box by breaking away the two sides and leaving the two ends. This can be covered with a serviette quite easily.

In England, bed cages are used in abdominal operations to lift the

weight of the bed clothes off the patient's knees. The soap box idea in a larger size with sides broken off can again be used. In making up the bed leave blanket next to the patient, then arrange soap box and cover with rest of bed clothes. If patient is not warm enough place hot water bottle in bed.

Ice pick can be made. Fix cork in thimble, run the eye part of a stout darning needle into cork.

Stout brown paper is an excellent substitute for a temporary mackintosh, especially in dirty pus cases where everything should be burnt after dressing. In slum work brown paper has often been placed between bed clothes to help retain the heat.

Home made irrigator. Place absorbent cotton in a pitcher of liquid and let cotton hang over at the mouth. This acts as a drop method when the dressing is to be kept moist.—Mary C. Roberts, *in Pacific Coast Journal of Nursing.*

Poliomyelitis: Important discoveries were announced at the International Congress on Hygiene at Washington regarding the spread of poliomyelitis, says the *Canadian Journal of Medicine and Surgery.* Professor Petterson, of Stockholm, Sweden, has found that the secretions of the nose are the source of infection. Professor Bosenau stated that he had discovered that the disease was conveyed by the bite of the stable fly. "It would seem that Petterson's interpretation of the manner of spread is more likely to be correct, as it bears out Professor Simon Flexner's theory. It is believed that the results of the symposium at Washington will bring about a general acceptance of Petterson's views and in consequence that in the near future those suffering from the disease will be strictly isolated."

Model Kitchens: A system of model kitchens to teach women and girls right methods of buying, cooking and keeping food, was advocated by Dr. Nasmith, of the Health Department, Toronto, in his address on "Scientific Social Reforms" at the annual meeting of the Associated Charities. "Some people are poor because they do not know how to buy to the best advantage, nor the best kinds of food to purchase."

"Proper methods of account keeping would put many poor people on the way to more independence."

"If a plan like this could include a scheme for co-operative buying by groups it would be even more efficient," said the doctor.

The annual report of the Health Department of the Public Schools, Regina, Sask., for the year ending November 30th, 1912, shows the number of inspections to be 3,733; visits to homes, 851; pupils put under care of dentist, 92; operations for tonsils and adenoids, 53; pupils fitted with glasses, 27; dressings, 340; cases of pediculosis, 99.

Treatment for Burns: A medical friend sends us the following.

His own child had been severely scalded. He says: "Although severe, the wound healed without a scar. The burn was smeared deeply with Cheeseborough's vaseline, containing ten per cent. of lanoline and five per cent. boric acid, with no dressings to irritate the flesh. The bed clothes were kept away by means of an iron frame. Vaseline protects the flesh from the air, allowing no evaporation, consequently no scab formation, cicatrizing process or contraction. Lanolin acts as a specific stimulant to the epithelial cells, and the boric acid prevents putrefactive processes. The vaseline cannot be replaced by petrolatum, as the latter has too high a melting point and is not without irritating qualities.—*The Training School.*

The Salt Pack: Dr. Jonathan Hutchison considers the salt pack the most effectual remedy for getting rid of the irritation and synovial effusion of rheumatic gout. A flannel soaked in a saturated brine of common salt is wrapped around the affected joint, covered with oiled silk and a bandage, and kept on over night.—*British Journal of Nursing.*

When baking potatoes for my patients I have adopted the plan of rubbing the outside with butter or lard and pricking each potato with a fork before putting into the oven. I find the skin bakes thinner and the potatoes are lighter and more mealy.—K.A.D., in *The National Hospital Record.*

"Word comes that at the King Institute in Madras the discovery has been definitely made and confirmed that kala-azar, or black fever, is caused by a variety of bedbug. It is called in India dum-dum fever. It has been regarded as a peculiarly fatal form of ague. The death rate is sometimes almost 100 per cent. It was epidemic in Assam a few years ago and destroyed almost the entire population of many villages." —*The Canada Lancet.*

Dr. W. B. Kendall, of the Muskoka Sanitorium, Gravenhurst, Ont., writing in the *Journal of the Canadian Medical Association* on "Observations Relating to Diet in Tuberculosis," sums up his conclusions as follows:—

1. Forced feeding is not essential in the treatment of pulmonary tuberculosis.

2. Great gains in weight should not be sought, but an endeavor made to secure a gradual increase in the patient's weight up to a point slightly above normal.

3. A lower protein content is better tolerated than the amounts now usually given.

4. The partaking of meals should be under close supervision, with rest before and after meals enforced.

5. Constant attention must be given to the question of proper proportions of food elements.

6. Cheerful and contented patients are more likely to be hearty eaters, and to progress favorably, than those who worry.

7. Eggs and milk are not indispensable in the dietetic management of tuberculous patients.

8. Lunches should not be given between meals unless there is a special reason.

9. It is a hardship to advise patients to procure food, the price of which is almost prohibitive, when a diet of equal or greater nutritive value can be purchased for less money.

A writer in the *Pacific Coast Journal of Nursing* gives the following practical suggestion:—In hospital work a death basket saves a lot of steps at a busy time. Have all the necessities packed in the basket; two sheets, a towel, two wash cloths, a roll of non-absorbent cotton, triangle, chin support, bandages, comb, scissors, nail file, soap, needle, and sutures, and absorbent cotton.

Poliomyelitis: *The British Journal of Nursing* gives the following interesting synopsis of a lecture on the investigation of this disease by Professor Simon Flexner, Director of the Rockefeller Institute, New York, who delivered the Huxley Lecture at Charing Cross Hospital: "The parasite of this disease is invisible, ultra-microscopic, and filterable, and there is a close correspondence between the virus of the disease and those of ultra-microscopic organisms in general—for example, those of yellow fever and dengue fever. Recovery is produced by immunization, during which microbicidal substances, which can destroy the virus, appear in the blood. The virus is highly resistant to drying, light and chemical action; in dust it survives for months, and in diffuse daylight indefinitely.

"The Professor is of opinion that the site of infection in man is the nasal mucous membrane, from which the virus ascends first by the nerves of smell to the brain, multiplies in and around the olfactory nerves, and passes on into the cerebro-spinal fluid, by means of which it is carried to all parts of the nervous organs. But there are also other possible modes of infection, and the fact that poliomyelitis is commonest in the late summer and autumn indicates the probability of an insect carrier of infection. Thus house-flies may act as carriers, and in one instance infection has been produced in bed-bugs, but the result did not show that multiplication occurred with them or that they acted as the agents of inoculation. It is, however, significant, as showing that insects are capable of taking up the virus from the blood where it exists in minimal quantities, and of harboring it in an active state for a considerable time.

"The employment of the immune sera exercises a definite, though

perhaps not very strong protective action. The disease, if not entirely prevented, is so modified as to be of greatly diminished severity, but at present scientists have only touched the fringe of the problem of the cure of the disease. So far as drugs are concerned, if the inoculation of virus and the administration of urotropin are begun together and continued for some days, paralysis is sometimes, but not always, averted. The modification of urotropin with other antiseptic groups in some cases renders it more efficacious than the original compound. In others this appears to promote the onset of paralysis."

To Relieve Pain in the Ear: Brickner gives the following instructions regarding the treatment to relieve pain in the ear. He says: Do not pour hot oil into the ear to relieve pain. Heat can be applied much better in a hot mixture of glycerine, alcohol and water, which will not turn rancid or clog up the ear, and can be removed by syringing with water. A towel or large pad of gauze wrung out of boiling water and closely applied over the ear, covered with oil silk or protective rubber tissue, is better than a hot water bag.—*The Trained Nurse.*

An interesting cure for chilblains is recommended by the *Surrey Comet*: "Stand on your head for a few moments in order to allow the blood to leave the feet. Then remove the red portion of the chilblain with fine sandpaper and press the affected parts carefully with a small goffering-iron hotter than you can bear it. Encase each toe in a white kid finger stall and go and play golf."

"Talk health! The dreary never-changing tale
Of mortal maladies is wrong and stale;
You cannot charm, or interest, or please
By harping on that minor chord—disease.
Say you are well, or all is well with you,
And God will hear your words and make them true."—*Una.*

The Nursing Journal of India quotes this method of preventing the bites of insects: "Take one ounce of epsom salt and dissolve it in one pint of water, wet a bath cloth wet enough that it will not drip and rub the body wet all over, and not wipe afterwards, but dress. I am very certain that flies, gnats, fleas, bed-bugs, mosquitoes, or the famous African fly will never touch persons so treated. If they are exposed more than usual, being near water or in a forest, they may make a somewhat stronger solution, wet a cloth and rub the face, neck, ears, and hands well, do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most bloodthirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cures many diseases of the skin."

THE GROUCHES OF A GRAD.

THE HAPPY MANSIONS.

Of course I know perfectly well that Sadie did not get grippe on purpose, but I maintain that there are better ways of avoiding it than walking three miles in four inches of slush without your rubbers because they make your feet look big, especially when you are expecting to be rung up for a stork case any minute, and if Sadie had just come in off a double pneumonia case expecting to go to bed for a whole day and found me sneezing my head off, with a bottle of eucalyptus, and a yard of butter-muslin, and the call waiting, I don't believe she would have been any sweeter-tempered about it than I was. If we hadn't been a month behind in the second payment on our lot as it was,, I would have gone to bed and let some one else have the case, but we couldn't afford to let all that good money go past us, so I hustled into a clean uniform while Sadie gave me directions through her nose.

"She's a Mrs. Clarence Wilming-Reed, and the hyphen is about all they've got. She is a pretty little thing, shy and timid; if you put your skirt on over your head you'll have to stop to do your back hair over again."

"And if I put it on over my boots I'll have to stop to wash the skirt over again," I retorted bitterly. "I must say you are a lot of help. Perhaps you'll mention where the lady lives before I go; but don't let me hurry you; get through with her wistful smiles and clinging disposition first."

"Oh, they live in the Happy Mansions—the first flat."

"Happy Mansions!" I gasped, emerging from my skirt with a jerk. "Out at Twenty-seventh Avenue, and it's snowing now. Good land!"

But Sadie dropped her young sheet of butter-muslin between the lounge bed and the wall and went after it head first. You can always trust Sadie to wriggle out of an awkward situation.

"Of course it's a cheap workingman's apartment block, and not their style at all," she was saying when she reappeared, "but they were lucky to get that—"

"Perhaps we'll be lucky to get our money—and we're not exactly notorious for our luck," I snapped.

"Oh, the money is safe enough. When he wrote his uncle or aunt, or whoever it was who disinherited him—she told me all about it, because he was supposed to have married beneath him—that an arrival was expected, they sent out a cheque for a hundred dollars, and more and the baby clothes to follow, and to tell them to come right home as soon as she could travel and be forgiven and for him to go into the Army again."

"Salvation Army, I suppose," I said hastily, as my only collar-stud

rolled under the carpet and tacked the edge down behind it the way those things always do when you are particularly rushed: "I'll be back in a couple of weeks; perhaps you'll have the story straightened out by then."

"He was a Lieutenant in the Army and had to sell out and come out here and get whatever he could to do to keep them after his people turned him down for marrying a poor curate's daughter, and when they sent him that money he put every dollar of it into the bank for the nurse and doctor; he is a good, hard-working boy, and I believe he was better pleased at getting a position as nightwatchman at the Western Shingle Mills than he was at the news that they wanted him to go back to England. The money is safe enough."

"I'm glad some one is putting it in the bank for me; I don't seem able to do it for myself," I grunted. "Well, I'm off."

"Do be particularly nice to the poor little thing, Mollie, she—"

"I'll endeavor to suppress my natural disposition for this one occasion as a special favor to you," I retorted grimly, and stalked down the stairs with my head in the air. But I had to drop my dignity in the middle of the block and make a wild dash for my car. A kindly "Dago" on the top step gave me a pull and a cheerful newsboy on the lower one gave me a push, and a stout lady holding on to the contribution box glared at me because my valise landed on her toes when the sudden starting of the car jerked me into the waistcoat of a rubicund man of the real estate class, who guided my tottering steps inside the car, smiling as if it was quite a pleasure to have his quotation list knocked out of his head by the impact of a robust young woman in uniform, and so I made my triumphant entry, inwardly upbraiding Sadie and her depraved tendencies towards influenza.

My temper was not improved on arriving at Twenty-seventh Avenue some forty minutes later, to find another inch of snow down, and two blocks to be walked over a three-plank sidewalk to the door of the Happy Mansions, and when a large, coally individual in overalls blocked my way in the main hall of the building I glared at him as if he had been the original cause of all my woes.

"Are you the nurse?" he inquired, gruffly.

"Yes," I answered with equal curtness, "for Mrs. Wilming-Reed."

He nodded.

"That's right. I was jus' goin' to 'phone. She wants you bad."

He took my valise from my willing hand and led the way round four corners and down two steps.

"You are the janitor, I suppose?" I asked. Indeed it required no Sherlock Holmes to discern the fact, and I began to suspect that Mr.

(Continued on page 53)

THE CANADIAN NURSE EDITORIAL BOARD.

INCORPORATED 1910.

The Canadian Nurse Editorial Board held its second annual meeting on the fourth Wednesday of November at 295 Sherbourne St., Toronto. There were *six* members present. A few sent letters expressing regret at inability to attend, but by far the greater number of the members ignored their obligations entirely.

The President reported a steadily growing interest in the Magazine. The slips adopted at the last annual meeting had been helpful, as it was hoped. She made a strong appeal for the assistance of every nurse to help make the magazine what we would like it to be.

The Treasurer, Miss Christie, reported as follows:—

FINANCIAL STATEMENT.

November 16th, 1911, to October 31st, 1912.

Receipts.

Balance November 16th, 1911	$ 73 60
By contributions to C. N. Fund	27 50
By D. McKinnon, Comm's	24 00
By D. McKinnon, as per agreement	299 96
By interest	10
	$425 16

Disbursements.

To printing	$ 20 20
To postage	4 00
To expense	22 80
To contributors	103 25
To Editor's salary and rent	183 00
To balance, October 31st, 1912	91 91
	$425 16

M. E. CHRISTIE,
Secretary-Treasurer.

Mr. McKinnon's report showed that the advertising carried for the twelve months ending with the October number amounted to $1,916, and the subscriptions received during this time amounted to $1,042. The cost of printing has advanced at least 20 per cent., so the margin of profit is very small.

(This is no myth. In the early years of the Magazine the printing cost $2,000 per year. With an advance of 20 per cent., it means that each issue costs $200. Did you realize that before?—Ed.)

The election of directors resulted in the appointment of Misses L.

L. Rogers, R.N., M. G. Christie, J. G. McNeil, G. L. Rowan and E. J. Jamieson. The out-of-town members present would not accept office as they felt the directors should be in Toronto.

It was reported that some nurses fail to receive their magazine. The Editor stated that the management was very careful, but could not possibly learn of change of address unless notified. A card would always bring another copy. Any definite complaint was always investigated and the error corrected.

A general discussion on ways and means of helping the magazine and improving it took place over a cup of tea, after which the meeting adjourned.

HOSPITAL REPORT ON TERPENE PEROXIDE APPARATUS.

Those who have had a chance to become familiar with the advantage afforded by the use of a terpene peroxide generator will agree that it has become a blessing to patients and those interested in their welfare. Those who have not had a chance to observe it, a few words of explanation may not be amiss. The apparatus consists of an electrical construction for the purpose of generating pure ozone from the oxygen of the air, the most advanced system is that of the Neel-Armstrong apparatus, which does away with the formation of other obnoxious gasses and generates ozone which is chemically pure. The ozone is now forced through essential oils, where it combines with the active principles, the terpenes, and forms terpene peroxide.

The medication is indicated for diseases of the respiratory tract and where deficient oxidation and ill-nourished tissues are prominent factors. The terpenes have an antiseptic healing effect on the diseased tissues and the surplus amount of oxygen is directly assimilated by the blood, increasing oxidation and destroying the toxins that are so frequently present, resulting in eventful recoveries. Such medication can only have the best results in tuberculosis, having a two-fold opportunity to assist nature, firstly creating a field in which the tubercle bacilli cannot propagate, and by increased oxidation of the waste tissues.

The apparatus has been employed with great success in neurasthenia, melancholia and kindred diseases, thus its scope of usefulness is very large.

E. F. N.

The Australasian Nurses' Journal recommends a debating society among nurses, with the idea of cultivating the art of public speaking. The failure of the nurses to voice their opinions, for opinions they assuredly have, often defeats the object of a meeting.

THE SCHOOL NURSE.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on the evening of December 2nd, at the home of Miss Alice Robertson, 182 Walmer road, Toronto. After the disposal of business, a social time was enjoyed. The Association appreciated Miss Robertson's kindness, and regret that she has resigned from the Public School Nursing Staff of Toronto.

The Department of Public Instruction, Sydney, Australia, has appointed four school nurses.

The Moral Education League Quarterly notes that the Public Schools of Manitoba use the Graduated Syllabus of Moral and Civic Instruction for Elementary Schools arranged by the League. And the League's books based on the Syllabus are recommended for the use of the teachers.

The Department of Health of New York City has appointed ten dentists to work among school children. Free dental clinics will be maintained under the child hygiene division. Heretofore there has been one dental clinic for school children, and this was supported by philanthropic citizens. 58.1 per cent. of the children examined. Loss in school time due to absence caused by toothache and diseases caused by defective teeth rendered the need of proper treatment an economic necessity.

Milk stations are cheaper than hospitals and will save the lives of more babies. Why not put the baby before the window in the best room in the house, and, if necessary, put the geraniums in the closed and darkened room. If sunlight and air are good for flowers, why not good for babies?

Throw soothing syrup to the fishes. As Dr. Holmes said, "It may be hard on the fish," but it at least will save the baby from harm.—*Bulletin Indiana State Board of Health.*

Finally, I have one advice which is of very great importance. You are to consider that health is a thing to be attended to continually, as the very highest of all temporal things. There is no kind of an achievement equal to perfect health. What to it are nuggets or millions?—*Thomas Carlyle.*

Editorial

A HAPPY NEW YEAR.

The Canadian Nurse wishes its readers a very Happy New Year.

THE CANADIAN NURSE.

Our readers will be glad to note that "The Canadian Nurse" has been considerably enlarged with this first number of 1913—from forty-eight or fifty-two pages to sixty-four pages. The appearance of the pages was recently improved, a wider margin being left.

The interest of the nurses is steadily growing, as evidenced by the increase in the subscription list and the larger number who send contributions regularly. But the interest could develop much more rapidly. Does each Association take its duty seriously in regard to "The Canadian Nurse"? What can you do? Help in swelling the subscription list, in securing advertisements, and in encouraging advertisers by making use of the things advertised, by writing articles—scientific, educational, by contributing articles to "The Canadian Nurse Fund" (so far only one nurse has done this).

How often might the nurse in the hospital position help the private nurse by passing on to her new methods and new ideas that are learned as a matter of course there. It is not the privilege of every private nurse to go back to her Alma Mater at intervals and glean new things. Would she not be delighted to find an article by her Superintendent when she picks up "The Canadian Nurse"?

Do these suggestions help you any? Then do not rest till some definite effort has been put forth to build up and strengthen our magazine. Constructive effort is much more valuable and vastly more helpful than destructive, and requires a great deal more energy.

Do you really want to help? Then we will trust you to find a way.

Sixty new subscriptions from the West are reported since the annual meeting. That is help of a practical nature.

Already the committees of the different National Associations in the United States have conferred and outlined a plan for the Congress of 1915 in San Francisco. Miss Goodrich, President of the International Council, expresses the hope that Canadian nurses will render valuable assistance in making that Congress the success she hopes it will be. The Canadian National Association of Trained Nurses will certainly come forward with willing assistance, for do we not feel in honor bound to help make the Congress of 1915 a great Congress?

A HOSPITAL.

There is a hospital in Canada the Superintendent of which is an undergraduate. This Superintendenet is, of course, under the supervision of another of experience, but whose hospital is miles away. Does that justify such a state of affairs?

As long as things go well, no one may think seriously of it. But let something go wrong and where will the blame be placed? With the Superintendent! But can she really be held responsible? Does the responsibility not rather rest upon those who have placed her in this position?

The care of the sick is not to be lightly undertaken. A hospital improperly or inadequately manned does not long enjoy the confidence of the public, if it ever does.

Can a few dollars be placed over against the irreparable damage done to the reputation of this nurse, who in all good faith seeks to discharge the duties imposed upon her, should anything go wrong? Everyone will utter an emphatic *No!*

Superintendents who are fully qualified find the responsibility heavy enough. Yes, are even sometimes constrained to say, "Who is sufficient for these things?" And yet these heavy responsibilities are placed upon the shoulders of one who has not completed her training. She may be most capable. She may, indeed, be the very person for the post (if she had her diploma), but is the principle right? Is the action just to patients or nurse?

Let us soon hear that this mistake has been realized and remedied.

To Mrs. Bedford Fenwick, Editor of *The British Journal of Nursing,* the nursing profession, not only of Great Britain, but of the world, owes an immeasurable debt for her indefatigable work for the organization of the profession, her alert and constant supervision of the interests of nurses, her faithful endeavor to give to the profession a journal altogether worthy, and her strenuous, energetic, enthusiastic, persistent service in seeking to secure registration for nurses. For twenty-five years she has given such a service as few could render. To do honor to this noble leader of our profession and to commemorate her twenty-five years' work, the President of the Matrons' Council asked Mrs. Fenwick to be the guest of honor at a dinner attended by members of the nursing profession at the Hotel Cecil, London, on December 14th.

"The Canadian Nurse" presents congratulations and hopes Mrs. Fenwick will soon see her noble, faithful work bear the desired fruit—State Registration of Nurses.

The Nursing Journal of India for November gives an account of a scheme by which Lady Hardinge, Vicereine of India, proposes to found

a "Medical College for Women and Training School for Nurses and Midwives" at Delhi, the Imperial Capital of India, to be called "The Queen Mary Medical College and Hospital."

"The need for such an institute has long been felt, as it has hitherto been found impossible to get enough Indian women of the better classes to come forward to take up the medical profession, owing to the fact that they can only now receive instruction in men's colleges and in men's classes. It is felt that until this defect is remedied it is idle to hope for the creation of an independent medical profession of women recruited in India, and that without such practitioners it will be impossible adequately to alleviate the sufferings of those classes of Indian ladies who do not attend the public hospitals or call in male doctors."

Nurses everywhere will be gratified to learn that Mt. Holyoke College has honored Miss Wald, of the Nurses' Settlement, Henry Street, New York City, by conferring upon her the honorary degree of LL.D The *American Journal of Nursing* says: "In granting it President Wooley said: 'Lillian D. Wald, friend of those who need friends, originator of far-reaching municipal and national movements for the care of the sick and the poor and little children, a citizen of whom our greatest American city may well be proud, we confer upon you the degree of Doctor of Laws and admit you to all its rights and privileges.'

"What a chorus of approval there would have been if the nurses of the country could have been present to voice their feelings in regard to this first honor of the kind granted to an American nurse. We all know how richly it has been deserved, by years of unceasing devotion, first to the Nurses' Settlement, which she founded, and which has been the model for many others, then to wider fields of philanthropy. It was she who inaugurated the idea which has grown into the Children's Bureau, and it is fitting that Miss Lathop, the head of the Bureau, should have been honored with a degree at the same time and place."

LOST COPIES

It has come to the ears of the directors of *The Canadian Nurse Editorial Board* that some nurses are not receiving their copies of "The Canadian Nurse" regularly. This is often unavoidable, but care is always taken in the management to eliminate this difficulty as nearly as possible. A card to the business manager or the editor will always bring you the number you have missed, and also furnish the opportunity of locating the trouble and correcting it. In case of change of address promptly notify us of the new address, giving also the old address, so that no numbers may be lost in this way. A card, then, with the definite information which will make possible the correction of any error, will be considered a favor. Will you help us by doing this?

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The anniversary festival of our Guild was kept by the Toronto Branch on Saturday, June 15th (on the octave of the Feast of St. Barnabas) at the Lakeside Home, Toronto Island. Owing to illness both the chaplain and local superior were unable to be present. The anniversary office was said by the Rev. J. A. Broughall, who gave a short address. Miss Maud Haslett was received into full membership, and Misses Louie Bryce, Isobel Rendell and Alice Grindley admitted as associate members, these latter being nurses-in-training in the Hospital for Sick Children. There was a large attendance, and all enjoyed the social entertainment which followed.

The first meeting of the Guild for the season of 1912-13 was held on Wednesday, October 30th, in the Lakeside Hospital. The chaplain, Rev. Canon Plummer, gave a most inspiring address on "Service," truly a subject that we as nurses should dwell on, as only in so far as we realize the wonderful privilege of "Service" can we attain to the highest standard of our profession. After the address, there were received into full membership: Miss Dorothy Farncomb, Miss Sarah Stipton, Miss Annie Flemming. The chaplain announced that the following Sunday, November 3rd, would be the corporate communion of the Guild. One of the associate members, Miss Louie Bryce, has joined Dr. Grenfell's Mission. At the next meeting the Superior will read a letter from her full of interesting news of herself and her work.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey St., Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

The regular meeting of the Executive was held at The Headquarters, The Toronto Graduate Nurses' Club, 295 Sherbourne Street, on Wednesday, December 4th. There were ten members present. The President presided. The Treasurer reported $518.48 in the bank.

The fact that some pupil nurses in the Province are receiving their training largely outside of the hospital, on private cases where they are earning money for the hospital, was discussed and a committee appointed to secure information.

The members are anxious to see a nurse installed in each Crêche, as skilled care is most desirable where so many babies, not all in good health, are cared for.

The report that a Chapter had been organized in London was received with much pleasure.

The Hamilton Chapter reported a very interesting lecture on Tuberculosis by Dr. Holbrook, of the Mountain Sanitorium. Dr. Holbrook laid emphasis on preventorium work and spoke of the helpfulness of the school nurse and the visiting nurse in finding such cases.

Miss Dyke gave a short and very interesting account of the work of the tuberculosis nurses of the city. What they do and what they set others to do makes a sum total that is very encouraging to the workers and means much to the afflicted ones. The meetings will be held on the third Tuesday in future, at 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-president—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The annual meeting of the Alumnae Association was held at the Nurses' Residence, City Hospital, on December 3rd. The President, Miss B. M. Simpson, occupied the chair. Plans for the coming year were discussed, followed by the election of officers. At the close of the business session the members entertained the Hamilton Chapter of the G. N. A. O. An excellent musical programme was well rendered and heartily encored, after which refreshments were served.

Misses Harvie and Brown are spending a well earned rest at their homes.

Miss Elizabeth Aitken has returned to the city to do private nursing, having spent a pleasant summer in the west.

Miss Dodds has given up her position in the west, and has returned to the city to do private nursing.

Miss E. F. Bell attended the meeting of "The Canadian Nurse" Editorial Board in Toronto, November 27th.

Born—At the City Hospital, on Thursday, November 28th, to Dr. and Mrs. Albert Pain, a son.

Died—At the City Hospital, on November 10th, Mr. Alex. Dunn.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Miss M. Welsh and Miss Colquhoun.
Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.
Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.
Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The monthly meeting of the Asociation was held on Monday, December 2nd, the President, Miss Phillips, in the chair.

Special mention was made by the President, and thanks given to those nurses who had helped her at the Child Welfare Exhibition.

Some new books have been added to the reading-room library, among them being "Consumption and Civilization," by John B. Huber, A.M., M.D.

A vote of thanks, proposed by Miss Dunlop and seconded by Miss Lucy White, was moved at the close of the lecture, and was warmly supported.

As this meeting had been specially announced, the sparse attendance was to be deeply regretted. One would make this an opportunity to beg for a larger gathering at these meetings, for it is on these occasions that the members will encourage the spirit of unity in the work of the Association, without which no great thing can be accomplished.

The feature of the evening was the visit of Dr. Helen MacMurchy, who was expected to give the announced lecture on "The Mentally Deficient Child," but owing to a misunderstanding (by which the nurses profited) Dr. MacMurchy gave a vitally interesting address on "Public Service."

After speaking for forty minutes, Dr. MacMurchy sat down, but

on a smiling explanation from the President, rose again without protest or visible sign of fatigue, and gave a concise but animated lecture on the expected subject for the evening, and on concluding was greeted with a round of applause which testified to the appreciation of her generous efforts.

One approaches the matter of Dr. MacMurchy's personality with some diffidence, feeling that any seeming flattery would be sternly discountenanced; but one can confidently say that in her person are combined all three graces—Faith, Hope and Charity; and that she has also fully appreciated St. Paul's concluding comment, "the greatest of these is Charity"; for throughout her practical discourse, with its touches of humor and pathos, one discerned the all-pervading spirit of charity. The charity that is tolerant of petty weaknesses, and the sympathy which is the expression of universal love—love that is Divine.

At the close of the address one felt like saying with Peter when on the Mount of Transfiguration: "It is good for us to be here"; or, as the President happily expressed it: "I feel better than if I had been in church."

With the help of a colleague, a summary of the address on "Public Service" has been prepared from memory, for the benefit of those who were not present, and is given here with apologies to Dr. MacMurchy for all inaccuracies and omissions.

In her opening sentences Dr. MacMurchy remarked that she understood the phrase "Medical Profession" as embracing both doctors and nurses, and feeling much "at home" at a meeting of nurses, she would remain seated while speaking.

In a short while, however, Dr. MacMurchy's zest in her subject brought her to her feet, and she remained standing to the close of the address.

One of the leading points was the present relation of the medical profession to the general community, and especially the attitude of the State and its control in the matter, which, vaguely thought of some years back, was now in England an accomplished fact.

The medical profession undoubtedly holding the first responsibility in the question of public service, has the great difficulty in discovering the most suitable ways and means to perform those services, and it is here that hospitals and such societies count so much for the general benefit. In particular was mentioned the "Hospital Social Service." This organization, acting as an intermediary between hospitals and homes, and working in unison with churches of all denominations, paves the way for many a patient to take necessary treatment and rest in hospital whom, without this aid, would have found such a course impossible.

There is also the difficulty of dealing with the numbers of willing but incapable volunteers for the work; and a point of example was given

in the wonderful strategy of Gideon who, working under Divine guidance, reduced his enormous army of 32,000 to just 300 able men.

Making a practical application of this illustration, Dr. MacMurchy wondered if we would have merited a position among this small residue, figuring at one per cent., had we been subjected to similar tests.

When speaking of armies, Dr. MacMurchy drew attention to the wonderful statistics of the recent Japanese war. These show that the list of fatalities was miraculously low compared with that of any other battle yet fought. The exemplary behavior of the Jap soldiers in their adherence to orders compared favorably with that of the British soldier, who was rather more apt to use his own misguided judgment in small matters. A striking point was the order that the Japanese soldiers received one day, to the effect that a battle was to be fought the following day, and every man was to take a hot bath and put on a clean shirt. This order was complied with; the result being that far less septic wounds had to be dealt with, owing to the clean state of the shreds of clothing carried with the bullets into the bodies.

The English members will appreciate the reference to Sir Christopher Wren, whose glorious monument bears the epitaph to his memory, part of which reads: "He lived for ninety-one years, not for himself." Surely this is one glorious record in the cause of public service!

Dr. MacMurchy spoke also of the work done by individual nurses in hospitals, schools, institutions and homes of the poor; and of the good instruction advanced by the recent "Child Welfare Exhibition" which she warmly praised.

Dr. MacMurchy pointed out that rebuffs must be expected and contended with by those engaged in public service, and should tend to make one fight the harder, though the want of appreciation, the sneers of ignorance and the difficulties of working in harmony with those of various temperaments, are so very discouraging.

Dr. MacMurchy quoted her favorite lines from Browning, and it is from Browning one would borrow the lines that so aptly express the spirit which prevails in Dr. Helen MacMurchy's life and work—

"One who never turn'd his back, but march'd breast forward,
Never doubted clouds would break,
Never dreamed, though right were worsted, wrong would triumph,
Held we fall to rise, are baffled to fight better,
Sleep to wake."

—R. A. C.

"True nursing ignores infection except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs."

It is well to pause now and then and read philosophy, and better still to think and live it. The following is a quotation from Ralph Trine's: "In the Fire of the Heart."

"Here is my creed, at least as it comes to me to-day:

"To live to our highest in all things that pertain to us; to lend a hand as best we can to all others for this same end. To aid in righting the wrongs that cross our path by pointing the wrong-doer to a better way, and thus aid him in becoming a power for good; to remain in nature always sweet and simple and humble, and therefore strong;

"To open ourselves fully and to keep ourselves pure and clean as fit channels for the Divine power to work through us; to turn toward, and keep our faces always to the light; to do our own thinking, listening quietly to the opinions of others, and to be sufficiently men and women to act always upon our own convictions; to do our duty as we see it, regardless of the opinions of others, seeming gain or loss, temporary blame or praise;

"To play the part of neither knave nor fool by attempting to judge another, but to give that same time to living more worthily ourselves; to get up immediately when we stumble, face again to the light, and travel on without wasting even a moment in regret;

"To love all things, and to stand in awe or fear of nothing, save our own wrong-doing; to recognize the good lying at the heart of all people, of all things, waiting for expression, all in its own good way and time;

"To love the fields and the wildflowers, the stars, the far-open sea, the soft warm earth, and to live much with them alone, but to love struggling and weary men and women, and every pulsing living creature better;

"To strive always to do unto others as we would have them do unto us;

"In brief, to be honest, to be fearless, to be just, to be kind. This

will make our part in life's great, and, as yet not fully understood, play, glorious, and we need then stand in fear of nothing—life nor death, for death is life.

"Or rather, it is the quick transition to life in another form; the putting off of the old coat, and the putting on of a new, a passing, not from light to darkness, but from light to light, according as we have lived here; a taking up of life in another form, just where we leave it off here, a part in life not to be shunned or dreaded or feared, but to be welcomed with a glad and ready smile, when it *comes* in *its own* good way and time."

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superindents at 478 Albert Street, Ottawa ; 29 Bishop Street, Montreal; 206 Spadina Avenue Toronto, or 1300 Venables Street, Vancouver, B.C.

CORRESPONDENCE.

St. Catharines, Ont., Nov. 22, 1912.

To the Editor of *The Canadian Nurse*:—

Dear Madam,—In your issue of November I read the report of the Alumnae Association of the Mack Training School, which is in conjunction with our General and Marine Hospital. The last clause spoke of our board in such a manner as would lead to the belief that their nurses and graduates were neglected in time of sickness. May I have a small space in your loyal magazine to correct a false impression. I am a member of the A. A. and was present at the meeting, and can assure you nothing is further from the thoughts of our graduates in general than reproach of either our board or our hospital in the usage of their nurses, both graduates and undergraduates.

Being a resident of the city and in close touch with the hospital, I know our nurses get every consideration from both hospital and board at all times, but especially in times of sickness. Our donation of $125 which was mentioned was gladly donated to the hospital of which we are so proud, and we only regretted that we could not make it more.

I remain, yours in loyalty to our noble profession,

MABEL E. BRUCE.

HOSPITALS AND NURSES.

Miss M. K. Gallaher, late Assistant Superintendent of Nurses, General Hospital, Vancouver, B.C., has been appointed Lady Superintendent of the General Hospital, Moose Jaw, Sask. Miss Fraser, graduate of the Protestant Hospital, Ottawa, and Miss Sage, graduate of the Jubilee Hospital, Vernon, B.C., have been appointed Head Nurses.

Miss Maude Wallace, graduate of Chipman Memorial Hospital, St. Stephen, N.B., Class '12, who has been visiting in Saskatchewan, has gone to Florida to spend the winter. Miss Wallace will take a general post graduate course in New York before returning home.

Miss Mildred Forbes, M.G.H., '08, who has undergone an operation for appendicitis in the Montreal General Hospital, is progressing favorably.

Mrs. John Kerry (nèe Miss Mountain, M.G.H., '97), of Toronto, has been staying in Montreal and was a welcome guest at the November meeting of the Guild of St. Barnabas.

Miss Pauline Betters, M.G.H., '10, has returned to Montreal to resume private nursing.

Miss Watters, M.G.H., '10, who has been staying with her sister-in-law, Mrs. Watters (formerly Miss Darroch, M.G.H., '10) in Newark, N.J., expects to return to Montreal in December.

We are sorry to hear of the illness of Mrs. Wright (nèe Miss Norton, M.G.H., '00), of Ste. Anne de Bellevue. She has been a patient in the Montreal General Hospital for several weeks.

Miss J. B. Mathieson, Victorian Order Nurse in Wychwood, Toronto, has resigned her position. On the afternoon of November 29th the House Committee met the nurses at the home of the Order, 206 Spadina Ave. Lady Gibson presented Miss Mathieson with the small badge of the Order which is given to every nurse when she retires, if she has done at least three years' faithful work. Lady Gibson also presented to Miss Mathieson, on behalf of the committee, a handsome portfolio, and on her own behalf a beautiful silver ink-stand. This personal gift from Lady Gibson, evincing as it did her great interest in the Order, was much appreciated.

Miss Eastwood, the Toronto Superintendent, then presented Miss Mathieson with an amethyst heart on a gold chain, a gift from the staff. Lady Gibson kindly presented the badges of admission to the Order to the Misses L. Kaercher, B. Robb, M. Robb and A. Richardson. Tea was then served and a social half hour much enjoyed.

Miss Alma Murray, graduate of Riverdale Hospital, Toronto, who has been Superintendent of Cushing Hospital, Kansas, for the last three

years, is at her home, Breadalbane Street, Toronto, recuperating after an operation.

St. Catharines, Ont.—Miss Jessie Wallace, graduate of the Mack Training School, is in the hospital suffering from typhoid.

The Alumnæ Association of the Mack Training School held its regular meeting on November 17th in the Nurses' Home. Miss Bruce, who had taken a post graduate course at Bellevue Hospital, New York, gave a very interesting paper on her work. The Alumnæ has arranged monthly meetings for the winter months.

Miss Gertrude Sarney,, V.O.N., of Parry Sound, Ont., has succeeded Miss Sweeney as Superintendent of the Lady Minto Hospital at Melfort, Saskatchewan.

The *Melfort Moon* says, under date October 30th: "The local hospital is without patients for the first time in its six years' history. This speaks well for the healthfulness of the district."

The Toronto Graduate Nurses' Club was the scene of one of the prettiest teas of the season when St. Michael's Hospital Alumnæ Association entertained their friends. The pretty club rooms were thronged with guests between the hours of 4 and 6. Mrs. O'Brien, Mrs. McGuire and Miss O'Connor received. Miss Stubberfield and Miss O'Connor presided at the tea table, which looked lovely arranged with a profusion of small yellow and brown "mums," and yellow ribbons knotted with clusters of flowers hung from the electrolier, giving an artistic finish to the pretty room. Misses Cameron, Gordon-Miller, Boyle, Dolan, Coyle and a number of other graduates assisted. Soft strains of music behind a bank of palms added to the pleasure of this delightful event. The Club, which is so well adapted for social affairs, looked its best. We trust the other Alumnæs of the city will not forget "The Club" when having entertainments.

Mrs. Helm, of Markham, was present at the tea. Her many friends were glad to see her.

Miss Kate Mullen, who has been out of town for many months, was also present.

The many friends of Miss Gordon-Miller were delighted to see her after her recent serious illness.

The regular monthly meeting of "The Victoria Nurses' Club" was held on the afternoon of November 4th at three o'clock in the committee room of the Alexandra Club, Miss E. H. Jones, President, in the chair. Two new members were accepted. Fifty dollars was voted for the B. C. Nurses' Association to help pay expenses of registration. After the business of the day was settled Dr. Wasson addressed the club on "Feeding in Typhoid," showing how the old method of all milk feeding was

giving place to a more varied diet. The patient was better satisfied and recovery was hastened. Miss Jones thanked Dr. Wasson on behalf of the club, and the meeting was adjourned.

The Matron and nurses of the staff of Prince Albert, Sask., Hospital, who retired on account of disagreement with the management, upon retiring were the recipients of gifts from the people of Prince Albert. The presentations were made at a big reception given the nurses, when about seventy people were in attendance.

Miss Lockerbie, formerly Matron, was given a solid silver tea and coffee service; Miss Studdert, a solid silver toilet set; Miss Greening and Miss Mansell, a gold bracelet each; Miss Reid and Miss Parker, pearl and amethyst brooches; Miss Wood, a cut glass silver mounted perfume holder; Miss Limburne, a cut glass silver mounted smelling salts holder; Miss Wood, a silver photo frame. The housekeeper, Mary McDonagh, was presented with a silver photo frame, and the head orderly with a silver match box.

Miss Lockerbie was also the recipient of an autograph album containing the signatures of the medical staff and many former patients. She replied to the presentations on her own behalf and that of the staff. She expressed regret at the unfortunate circumstances that had arisen, making it impossible for her or the rest of the staff to remain. She said that the expressed sympathy of many of the leading people of the city as indicated by the reception and the gifts, had moved the recipients deeply and they would long cherish the memories of some pleasant associations which they had cultivated, notwithstanding the unpleasant final result of their connection with Victoria Hospital.—*Winnipeg Free Press.*

At the September meeting of the Calgary Graduate Nurses' Association the following officers were elected for the ensuing year: President, Mrs. McPhedran; Vice-President, Miss Turner; Secretary, Miss Templeton; Treasurer, Miss Rutherford. Miss Templeton has returned from a very delightful trip to the countries around the Mediterranean Sea, and has again taken up her duties in Dr. Blow's office.

Typhoid has again been in our midst, and the hospitals have been filled to overflowing, corridors, balconies and tents having been made use of for the accommodation of the patients. While many cases have been brought in from the surrounding country, the city cannot altogether evade the responsibility. Much of it came from sections of the city to which the sewerage and water systems have not been extended.

Miss Ferguson (C.G.H., 1912) has accepted a position as Night Supervisor at the Royal Columbian Hospital, New Westminster, B.C.

The thirty-second regular meeting of the Vancouver General Hospital Alumnæ Association was held in the Nurses' Home on Tuesday, November 5th, Miss Hart, the President, in the chair. Miss Judge

contributed a very interesting paper on the need of social service work, and the increasing necessity of teaching sex hygiene to the young. Miss Randall, Lady Superintendent, expressed her hope that all the graduates of the school who could do so would attend the graduating exercises of the 12th class, to be held at the hospital on the followingg Thursday. An informal chat and refreshments brought the meeting to a close.

In spite of the very inclement weather, a large number of people gathered at the V. G. H. to attend the closing exercises of the 12th graduating class of the Training School, on the evening of Thursday, November 7th. Full advantage was taken of the space afforded by the newly completed and unfurnished wing of the hospital, the presentation of diplomas and medals being held in one large ward, while another was in readiness for the dancing that was to follow. Both, with all the corridors leading to them, were prettily decorated with flags, bunting and Chinese lanterns. Nineteen nurses comprised the graduating class, of whom seventeen were present, dressed in the uniform of the school, each carrying a beautiful bouquet of crimson roses, tied with crimson ribbon, the school color.

Mr. Salsbury, Chairman of the Hospital Board, outlined the good work accomplished by the nurses in their three years of training, and touched briefly but feelingly on the mutual interdependence of Board and pupils. After expressing his best wishes for the health and prosperity of the outgoing nurses, he called upon Dr. W. D. Brydone-Jack for the valedictory address.

In the course of his very interesting speech Dr. Brydone-Jack touched upon the nurse's work from the social, domestic, philanthropic and personal standpoint, and later took into consideration her relations to the doctor, patient, and family, ending with some very kindly and practical advice with regard to several of the chief stumbling-blocks in the path of the newly fledged private nurse.

Mr. Salsbury then presented the diplomas, and Mrs. Findley, the Lady Mayoress, the medals, amid loud applause, which increased to a hurricane when the "Dr. R. E. McKechnie" medal for general proficiency was bestowed on the fortunate winner, Miss Katherine McDougall. The other members of the class were: Misses Emma Craig, Lititia Skuce, Lena Fish, Marion Fraser, Eleanor Chandler, Ethel Gill, Esther Brown, Gertrude Eveleigh, Mary Arbuckle, Bertha Edstrom, Myrtle Wheeler, Maude McConnell, Jessie Rhodes, Martha McElhoes, Kate Baynes, Jessie McLennan, Florence Morris, and Marion Marsh. A song by Mrs. Baxter and one by Mr. Schook were much appreciated during the evening.

Congratulations from friends and relatives to the graduating class followed on the close of the ceremonies, and then the interns, loyally supported by the younger men among the guests, passed round refreshments, after which the strains of the orchestra drew everybody to the

improvised ball-room, and dancing was kept up until shortly after midnight, when a most enjoyable evening was brought to a reluctant close.

The members of the Victoria Nurses' Club, Victoria, B.C., held an enjoyable reception at the Alexandra Club in honor of the members of the Graduate Nurses' Association of British Columbia who had come over from the mainland in order than an executive meeting might be held in Victoria. The gathering was presided over by Miss Jones, President of the Victoria Club, and the visiting nurses were Miss Wright, of New Westminster, Public School Nurse of the Royal City and President of the Graduate Nurses' Association; Miss Scott and Miss Grey, New Westminster; Miss Breeze, School Nurse, Vancouver; and Miss Judge, Vancouver. The first part of the evening was devoted to social intercourse, and the members listened to an interesting address from Miss Wright, who outlined the objects and aim of the Association. Refreshments were afterwards served, and at 10 o'clock an executive meeting was held, at which the most important subject discussed was the bill for the registration of nurses to be presented to the Legislature during the coming session. This bill will not prohibit any unqualified nurse or private individual from nursing, but will prevent such persons from claiming to be registered.

Friends of Miss Pauline Rose, of the nursing staff of Vancouver General Hospital, will learn with regret of the death of her mother in Simcoe.

The Woman's Auxiliary of Vancouver General Hospital find the social service work growing under their guidance. The Secretary in charge of this work reported 600 visits made during October, and a number supplied with clothing. She strongly urged the establishment of an employment bureau for those who had been ill and were in need of work.

The monthly meeting of the Vancouver Graduate Nurses' Association was held November 6th at the Nurses' Club. There were ten nurses present, Miss Trew, First Vice-President, in the chair. It was proposed and carried that a sick benefit fund be formed and that the proceeds of the last dance, amounting to about $120, be used to start the fund. A committee was appointed to collect data for the management of such funds and to enquire the cost of furnishing a private ward in the new wing of the Vancouver General Hospital.

A new hospital is to be erected shortly at High River, Alta., and it is probable also that a hospital will be built at Pentieton, B.C.

The Toronto Central Registry Committee held its regular monthly meeting at 295 Sherbourne Street on Monday, October 7th, at 3 p.m., Miss Fergusson in the chair. The Registrar's report showed the calls

for July to be 246; for August, 268; and for September, 236. Cash receipts for the three months were $597.41, and disbursements for same period $498.08.

The meeting on November 4th was the annual meeting, when nine members were present. Miss Christina A. Mitchell was appointed Convener for the next year, and Miss Mary Gray, Secretary. The Registrar's report showed the calls for October to be 290. Seven cases had been assisted by the Extension Fund. The bank balance is $1,758.54.

At the meeting on December 2nd the Registrar's report showed calls for November to be 280. Five cases were helped by the Extension Fund. The bank balance is $1,521.51. Thirteen nurses joined the Registry in November, making a total of 418 active members.

We are sorry to report the illness of Miss Rowan, a member of the committee, who is still in St. Michael's Hospital, of which school she is a graduate.

Miss Kathleen Scott, graduate of Riverdale Hospital, Toronto, left in September, 1912, to accept the position of Assistant Superintendent of the Children's Hospital, Pittsburg, Pa.

Miss Margaret Thompson, graduate of Grace Hospital, Toronto, and Miss Ada Ballantyne, graduate of the Hospital for Sick Children, have been appointed to the city nursing staff, child welfare division. Miss Jessie Woods, H.S.C., has also been appointed to this division.

Miss Galbraith, graduate of Toronto General Hospital, and Miss Panton, graduate of Hospital for Sick Children, Toronto, have been appointed on the staff of School Nurses.

The Board of Vancouver General Hospital is planning for increased accommodation in the near future, both in the general and isolation departments. A grant of $325,000 is asked from the city for this purpose.

Miss O'Hara, H.S.C., Toronto, is on the city tuberculosis staff, relieving Miss Goodall, who has been ill for the last two months.

Miss Handley, graduate of St. John's Hospital, Toronto, and post graduate of Toronto General Hospital, left Toronto in September to accept a position as Assistant Superintendent in Strathcona Hospital, Edmonton, Alta.

The bazaar held at the Woman's Hospital, Montreal, on September 28th, 1912, was a great success, and we would like to take this opportunity to thank our friends who contributed so generously, as well as those who worked so hard to make it a success. We cleared over $400, which is to be used to furnish a new Nurses' Home. Our original plan was to furnish a room for sick nurses, but the attending staff of doctors has kindly given permission to admit free of charge any graduate needing hospital care, who is a member of the "Alma Mater Society."

We hope all our graduates will join the society and help to make a better bazaar next year. The meetings are held the last Thursday of each month at the hospital.—E. F. T.

Miss Helen Baker, graduate of Toronto Western Hospital, is spending the winter nursing in Saskatoon, Sask.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held at 24 Rosebery Ave., on Friday, Dec. 6th. The President, Mrs. MacConnell, occupied the chair. The meeting was very well attended. Miss Dyke gave an interesting talk on work done by the visiting nurses for the tubercuIous of Toronto. These nurses are a great power in the alleviation of suffering, and are doing a splendid educative work in the homes of the afflicted. At the conclusion of Miss Dyke's address refreshments were served.

Miss E. F. Neeten, Superintendent of Nurses, Royal Alexandra Hospital, Fergus, Ont., attended the annual meeting of "The Canadian Nurse Editorial Board."

A report in October says that infant paralysis appeared among the Eskimos of Alaska for the first time on record, and the public health service is taking measures to stamp out the disease.

The Alumnæ Association of the Hospital for Sick Children, Toronto, held its regular monthly meeting at The Residence on November 14th, Miss Rogers, President, in the chair. The attendance was fair. It was decided to issue a revised and enlarged edition of the Invalid Cook Book. This is a book of individual recipes that private nurses will find invaluable. The book may now be secured from the Registrar at the Toronto Graduate Nurses' Club, 295 Sherbourne Street.

The Alumnæ Association of the Toronto General Hospital held its regular monthly meeting on December 6th in the Nurses' Residence,, the President, Mrs. Feeny, presiding. Mrs. Bailey gave a very interesting report of the work done by the Social Service Committee. A discussion on ways of helping Miss Holman, of the Social Service Department of the Hospital, followed. The members are keenly interested in the work. The January meeting is to be a social one, held at the Toronto Graduate Nurses' Club, 295 Sherbourne Street. Dancing and other amusements will be arranged. The graduating class of 1913 are invited as guests of the Alumnæ.

Winnipeg—

On the evening of October 31st Miss McKelly, a returned missionary from India, gave a most interesting address to the staff, pupils and other graduates in the drawing room of the Nurses' Home of the General Hospital. The speaker told of the great need of assistance from the nursing profession to help make possible the success of missionary

work amongst the native women of India. Material assistance was also needed. The most necessary at this time was a mangle, a sewing machine, and twenty-five dollars, part support of a native nurse. At the close of the meeting Miss Wilson gave the amount asked for to install a mangle. The Undergraduates and Senior Class volunteered the sewing machine. It is hoped that the Graduate Nurses' Associations will see to it that the twenty-five dollars is forthcoming.

The regular monthly meeting of the Winnipeg General Hospital Nurses' Alumnæ Association was held December 4th in the Nurses' Home. After the regular business the annual election of officers for the Alumnæ Journal followed. The Editor, Miss Gilroy, was re-elected, with Miss A. E. Johnston as Assistant. The Business Manager, Miss K. A. Cotter, and the Assistant, Miss L. Newcombe, were re-elected. The Journal is self-supporting.

Miss Hilda Corelli has returned from visiting in Europe and is doing private nursing.

Miss Bella Asher is spending the winter in Los Angeles, Cal.

Miss Aikman, who has been in charge of the hospital in Kenora, has resigned and is doing private nursing in the city.

Miss Eaton has been appointed to fill the vacancy caused by Miss Aikman's resignation.

Miss Deacon and Miss McRae are going to Vancouver.

Miss Mae Cobb, Vancouver, is visiting in the city at present.

Miss Helen Stewart, W.G.H., '06, Vancouver, is private nursing in San Francisco.

Mrs. Davis (nèe Florence McBride, class '06) has been appointed Curator in connection with the Medical College.

Miss Lily Kidd, Staff Nurse, W.G.H., has taken a patient to California for the winter.

Miss Inga Johnson, who has been our untiring Editor of the personal column, resigned, and Miss M. I. Burns was elected to fill the vacancy.

It was suggested that the Alumnae do something in the way of giving Christmas cheer, and twenty dollars was voted, and Misses A. E. Johnston and L. Newcombe were appointed a committee to find poor families and distribute the cheer. Twelve dollars and fifty cents was also voted to the part support of a native nurse in India through the Zenana Medical and Bible Mission.

The Convener of the Committee on Legislation called a special meeting to talk with Miss Mary Ard Mackenzie during her recent visit in the city.

The Manitoba Association of Graduate Nurses are busy on their bill for registration for graduate nurses, and hope to have it ready to be presented as a private bill at the meeting of the Local Legislative Assembly in January.

The regular meeting of the Manitoba Graduate Nursing Association on December 31st, 1912, will be held at the new Nurses' Residence and Registry, 753 Wolseley Ave., instead of the Winnipeg General Hospital Nurses' Home, which is the regular meeting place at present. The meeting will be a social one, and we hope to welcome a large number of new members. A general invitation is given to all graduate nurses.

THE TORONTO GRADUATE NURSES' CLUB.

With the opening of the season the Graduate Nurses' Club has been a busy place, and is fast becoming a social centre for the nurses and their friends. Almost every day some of the members avail themselves of the numerous opportunities offered in this lovely place, the absolute change and "non-professional air" making it most attractive.

Miss Snively was a guest for two days after her return from abroad and looks greatly benefited by her trip.

Miss Sutherland, of New Zealand, was a guest for two weeks, passing through Canada on her way home from the Congress in Cologne. She was very bright and interesting and gave us a great deal of information regarding State Registration in New Zealand. A tea was given in her honor by the Executive of the G.N.A.O. and was greatly enjoyed by those present.

Another very bright and attractive visitor was Miss Terry, of Rome, Italy, who for ten years has been organizing training schools in Italy. She also had some medals given her in recognition of her brave and noble work at the time of the Messina earthquake. News from Chicago tells us that Miss Terry was charmed with the Club and entertained friends one whole afternoon, enlarging on the innovation of a "real Club" and giving a glowing description of the place.

The Florence Nightingale Association hold its meetings at this Club, and in October had a talk from Mrs. Leslie Coleman, of India, on "The Customs of Women of India," which was greatly enjoyed. Mrs. Coleman is a sister of Miss Margaret Urquhart.

In November Miss E. Grant gave an interesting paper on Toulon Hospital, where she had spent two years.

In December the F. N. A. gave a military euchre, about thirty guests being present. Mrs. McConnel, who was a guest of the Association, won first prize, and Miss F. Hamilton second. The evening was greatly enjoyed by all present.

Another feature of the Club is the twilight musicales, which are being given fortnightly during the winter for the members. On Saturday, November 30th, Miss Dolan and Miss McMahon were most kind in furnishing the programme. Mrs. Feeny was the hostess, assisted by

Miss Coyle and Miss Hill. About thirty guests were present. The next musicale will be on December 14th.

Mrs. Chas. McCrae, of Sudbury (Miss Dent, T.G.H., '01) is a guest at the Club.

(Nurses anywhere may become members of the Club. A share costs five dollars, and this makes you a member for one year; the yearly fee afterwards is one dollar for out-of-town members. The advantage of this is that you enjoy the privileges of the Club when visiting Toronto.)

MARRIAGES.

Minthorn-Blaikie—In July, 1912, Miss Georgie Blaikie, Graduate of Toronto General Hospital, to Dr. Minthorn, of Simmons, Ont.

Elder-Offord—On August 20, 1912, Miss Offord, Graduate of Toronto General Hospital, to Mr. Elder, of Toronto. Mr. and Mrs. Elder will reside at 123 Westminster Ave., Toronto.

White-Brand—On September 14, 1912, Miss Florence Brand, Graduate of Toronto General Hospital, to Mr. Joseph W. White, of Bracebridge, Ont.

Washington-Murray—On September 17, 1912, Miss Lillian Murray, Graduate of Hahnneman Hospital, to Frederick G. Washington, Phoenix, Arizona.

Bullock-Stevenson—On August 22, 1912, Miss Daisy Stevenson, Graduate of Toronto General Hospital, to W. G. Bullock, of Fredericton, N.B.

Ramson-Andrews—On August 31, 1912, at Beamsville, Ont., Miss Catharine Andrews, Graduate of Hospital for Sick Children, Toronto, to Mr. Fred Ramson. Mr. and Mrs. Ramson will reside at 37 Melgund Ave., Ottawa.

Blackwell-Thompson—On August 21, 1912, at Huntsville, Ont., by Rev. E. J. Harper, Miss Grace Thompson, Graduate of Hospital for Sick Children, Toronto, to Dr. Benjamin Blackwell, of Richard's Landing, St. Joseph's Island.

Janes-Van Every—At the home of the bride's parents, 116 Fermanagh Ave., Toronto, by the Rev. W. B. Caswell, of Parkdale Methodist Church, Minnie Almer, only daughter of Mr. and Mrs. S. M. Van Every, to Stanley R. Janes, late of Calgary. Miss Van Every is a Graduate of Buffalo General Hospital.

Clapp-Marriott—On October 7th, at Maple Hill Farm, Muskoka, home of Mr. and Mrs. D. Hamilton, by Rev. J. Waring, Miss Martha Marriott, Graduate of Mack Training School, St. Catharines, Class '00, to Mr. Carlton W. Clapp, of Kenmore, N.Y. Miss Marriott has been engaged in private nursing in Calgary, Alta.

THE GRUCHES OF A GRAD.

(Continued from page 28.)

Clarence Wilming-Reed had gone to his nightly duties as usual, despite the domestic crisis threatening.

The man nodded.

"Yep. It's a good job, too."

He pushed open a door leading into an exquisitely neat little kitchen, with three more doors leading out of it. My guide pointed to one.

"She's in there," he growled. "Mrs. Jones from down the street come in to stay with her till you come or the doctor; he ain't got here yet and likely won't; if you want any more help I'll be right here.

I turned round and gazed at the stalwart volunteer. I like neighborliness, but this seemed to be carrying a good thing too far. "And I hope you will stay right here," I said, with some asperity, on recovering my breath.

"Sure. Do you think I'm likely to go down town to-night?"

Considering the weather, I did not think it very likely.

"I'll keep the fire stoked for you," he added, relenting, and I nodded my acknowledgments and went on into the bedroom to introduce myself to my patient.

She was a pretty little woman with big, scared eyes; scarcely so beautiful, however, to my way of thinking as to account for a young man throwing away all his prospects for her.

"You're—you're another one," she faltered, scanning me in a startled way.

"Yes," I said, blandly, "my friend was taken ill with grippe, so I came instead; I dare say we will get along very nicely."

"Oh, yes, I am sure," she murmured, and then lost interest in me abruptly.

Mrs. Jones—whose maiden name had probably been Clancy—fetched and carried with zeal and intelligence; the neighborly janitor stoked to good purpose, and just before midnight I handed a very pink and vociferous small boy to his delighted mother; the doctor had never appeared at all. Mrs. Jones looked on admiringly from under a much skew-geed thatch of hair.

"Shure, an' his father will be a proud man this night," she exclaimed delightedly. "Will I just be tellin' him to shtep in, Nurse?"

"Wouldn't it be a pity to bring him from the mill at this time of night?" I objected.

Mrs. Jones stared at me.

"The mill is a foine new name fer the kitchen stove," she remarked then. "You will be havin' your joke, Miss."

But a horrible suspicion seized me that this was going to be no joke.

"Is—isn't your husband a Mr. Clarence Wilming-Reed, and hasn't he a position as night watchman at the Western Shingle Mills?" I inquired hastily of my patient.

"My husband's name is William Reed, not Clarence, and he is the janitor here," she said, looking at me wonderingly.

"Just plain Bill an' no frills at all; wouldn't I be knowin' it, an' him me own man's third cousin on the mother's side?" demanded Mrs. Jones.

But I was not really interested in the chronology of the Joneses.

"Had you not engaged a Miss Steele to nurse you?" I asked the wife of plain Bill, gently.

"No; the lady who came to see me was from the Victorian Order. William couldn't afford to get me a nurse for all the time, and Mrs. Jones is very good."

Mrs. Jones smoothed down her apron and murmured something about nine and all doin' first-rate. But Mrs. Reed's big eyes were on my thoughtful countenance.

"I—I'm scared there's been a mistake," she hazarded, timidly; "there's a Mrs. Clarence Wilming-Reed in Flat One on the first floor, and she—William heard him, the young man, 'phoning to a nurse early this evening—a nice young thing she seemed, not long out from England; maybe that was the case Miss Steele had."

"I rather think it was," I said, beginning to look round for my cuffs. "You see, when I met your husband and he asked if I was the nurse, I naturally said 'Yes,' and when I added 'for Mrs. Wilming-Reed,' he naturally said yes. A man couldn't be expected to notice an odd 'g' under the circumstances. But why hasn't your own Victorian Order nurse turned up, I wonder."

"I—I am afraid William couldn't have 'phoned," faltered my patient; "he had just started out to do it when he came right back with you."

"Um!—that accounts for the rest of the milk in the cocoanut. I expect he thinks mind-reading is part of our training, and I just naturally happened in because you needed me."

"But I'm awful sorry you lost your case," sighed the little woman.

So was I, but I wrenched my smile into working order.

"Don't worry yourself about that," I said, cheerfully; "I wouldn't have had the pleasure of meeting you if the mistake hadn't happened." Since the privilege had cost me seventy-five dollars, it seemed a waste not to appear to enjoy it anyhow. "And the other Mrs. Reed must have secured a substitute long since."

"If ye mean a nurse, I seen one scootin' up the stairs along about nine o'clock," volunteered Mrs. Jones. "Will I be tellin' Bill to come in yet? Shure, the little dear is the very image of him."

I suppressed a vicious impulse to say that matters were not so bad as that, and contented myself with slapping my belongings into my valise and ramming it shut; then I gave Mrs. Jones some directions, promised to notify the Victorian Order of the arrival, and by some inexplicable piece of luck caught the last car home.

I had not thought up any satisfactory way of breaking the shock to Sadie when I arrived at the house and, letting myself in, discovered that her light was still on, though she was sound asleep. A Burr-McIntosh Magazine lay open on the bed, a half empty box of chocolates stood on the table beside the eucalyptus, and the fire—the open fire for which we paid five dollars a month extra, and which saved us from suicide at least half a dozen times every winter—burned down to a red glow.

It looked very cheerful and inviting, but before I could begin to appreciate it Sadie opened her eyes and looked at me dreamily for a moment—perhaps two. Then intelligence dawned, and she sat bolt upright with a jump.

"What—why—how—what's happened? What's the time? How did you get here?"

"Boy; two o'clock; street car," I replied, clearly and tersely.

"But—how—why?"

My eye fell on the telephone and I promptly jerked it down. I owed two explanations, and I decided that it would be economy to give both at once.

"Victorian Order?" I enquired blandly. "Yes, Miss Steven speaking—I'm awfully sorry to disturb you, but I have accidentally butted in on a case of yours at the Happy Mansions, yes, Mrs. William Reed, my case was Mrs. Wilming-Reed, so you see, oh yes, doing finely, no, don't mention it, glad you enjoyed the extra sleep, told them I'd let you know, no, not at all, my own fault if anybody's, but there was really no time to, yes, fifty cents I believe, I told them to give it to the Order or lend it out at interest for the boy, in my present financial crisis fifty cents would really hardly help at all, you are very welcome indeed, good-night."

Then I turned round and the storm broke. Sadie was thumping her pillow into a pancake, she had already jerked her chocolates into the coal-scuttle and the magazine went on to the floor with a thud.

"So, that's the kind of a mess you've made of it, and what about our lot now?" she raved. "I told you the first flat and you go into the basement."

"It was only two steps down," I objected, weakly.

"And I described the patient to you minutely and—"

"You said pretty and shy and poor, and that described Mrs. Bill Reed. And sweet and the first baby, and she fitted that."

"Oh, don't try to shift it on to me," stormed my partner; "you were too cross to pay any attention to anything I said."

"But I tell you the man grabbed me on the doorstep, and with the other husband—I mean your case's husband—being a night watchman, I didn't wonder at him not being round, and I don't see how I could tell that it wasn't your Mrs. Clarence Howling-Swell Reed; anyway it's spilt milk now and you might as well give the jug a rest. When all's said you're no worse off than if I hadn't come in in time to undertake the case."

"Then it wouldn't be half so maddening. But to think you actually had the case—oh, you might as well have thrown the seventy-five dollars into the furnace! Why I ever tied up with such a perfect idiot as you I really don't know." And she brought a Beatrice and Dante down from the wall on their innocent heads with a vicious flick of the bed-spread.

When I get really mad—so mad that it wouldn't help me a bit to drop all my worst enemy's best china on a brick floor—I lower my voice to the pitch of a summer zephyr, and choose my words with deadly care and deliberation. If I didn't they would ball up in my throat and choke me, which would be a pity. So now I said, very gently:

"Sadie, when I first came in I was selfishly inclined to be sorry for myself; I began thinking that I had had no sleep for three nights, and nothing to eat since lunch yesterday, and four hours' hard work to-night with only a thank-you and a forty-minute car ride at the end of it, but now that I see how you have suffered, forced to lie here before the fire with nothing to do but look at pictures and eat chocolates till sleep relieved you, I—I realize how selfish I have been, and all my—no," as Sadie turned pink and started to open her mouth, "don't say another word—you have endured enough for one night. I am going to bed now. I forgot to mention it before I went out, but I have smallpox, the malignant type, and anybody who comes near me for the next twelve hours *will catch it!* Do I make my meaning plain?"

I guess I did. It isn't much ever gets past Sadie's intelligence. I sailed out and closed the door before she could think up anything to say, but before I had taken more than one roll to bring the bed-clothes up to the back of my neck, she slipped in with a cup of chocolate and a ham sandwich the size of a stove-lid.

"I put lots of mustard in it," she remarked cheerfully.

"You generally do," I said from behind the first bite; "but a sandwich would be pretty dull without lots of mustard."

Thus was the Peace Treaty drawn up and signed.

Rene Norcross.

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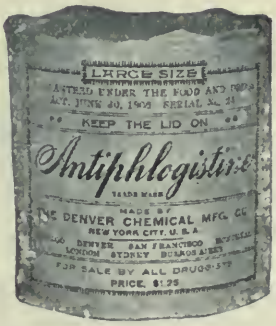

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THE CANADIAN NURSE

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THE DENTAL ASPECT OF MEDICAL INSPECTION OF SCHOOLS.*

By W. H. Doherty, D.D.S., Dental Inspector of Schools, Toronto.

If the records of medical inspection in any school be examined it will be found that the great bulk of the physical defects are in the mouth and throat. Of these the vast majority consist of diseased teeth and mouths, while of the remainder, many may be, and some undoubtedly are, caused by mouth conditions. Records of mouth conditions made by a dental surgeon naturally show a higher percentage of defects, the results of examinations in most localities, showing an average of about 95 per cent. of children with defective teeth.

The conditions vary from that of the child with one or two small cavities to that of those whose mouths are a mass of decay, disease and filth almost beyond description. It is a common occurrence to find mouths so utterly filthy and diseased as to be a menace to the other children and a source of pollution of the air of the schoolroom.

They are conditions that have to be seen to be appreciated; mouths repulsive with filth and decay; hypertrophied and inflamed gum tissue; jagged and suppurating roots; cavities filled with fermenting refuse from previous meals; broken and decayed teeth containing the dead and putrifying remains of the tissues which formed the pulp of the tooth; frequently as many as four or five discharging abscesses, veritable pus factories, pouring continuous streams of pus into the mouth and stomach of the child; teeth covered with green stain and fermenting food particles, and in many cases as a direct result of this mass of infection, a throat blocked by adenoids and enlarged tonsils, and a tongue and fetor of breath giving striking evidence of the resultant indigestion and constipation in the intestinal tract. This is by no means an exaggerated description. Hundreds of cases of which the foregoing is a faithful picture may be found in the schools of any community.

The menace in the decay and loss of the teeth on the health of school children is manifold. It renders thorough mastication impossible and establishes the habit of bolting the food, while the filth which is insep-

*Reproduced from *The Public Health Journal*, Toronto, by kind permission of the editors.

arable from decaying, putrescent and abscessed teeth, is mixed with the food and carried to the stomach.

No one who gives any thought to the matter will question what must be the ultimate effect upon the health of the child. Gastro-intestinal disorders, anemia, toxemia, and malnutrition are some of the more obvious results, lowering the vital potential of the child and making it a ready victim of other and more serious diseases.

To fully understand the menace to the child of the decay of its teeth, one must understand a few of the conditions which obtain in the mouth during childhood. Each tooth in the mouth contains a small chamber the same shape as the crown and roots, which contains the pulp of the tooth, consisting of a small bundle of arteries, veins and nerves which enter by an exceedingly small opening in the apex of the root.

The manner in which the teeth of the deciduous set are replaced is as follows: Situated in the jaw above each deciduous tooth is a developing tooth of the permanent set. As it develops and grows, the root of the deciduous tooth, beginning near the apex, is gradually destroyed ahead of the oncoming new tooth until, when the deciduous tooth is shed, its roots have largely disappeared and the new permanent tooth is just peeping through the gum.

When a deciduous tooth is decayed as deeply as the pulp chamber, while the root is partially destroyed ahead of the oncoming new tooth, the pulp dies and becomes putrescent, as any other dead animal matter. In addition, there is now a direct opening through the cavity, the pulp chamber, and open end of the root into the underlying tissues of the jaw.

The mouth is a hotbed of micro-organic life. Over twenty different varieties of disease germs have been found therein, including those of tuberculosis, diphtheria, pneumonia, etc. While the healthy mucous membrane has great powers of resistance a child with decayed teeth has a number of openings through the teeth into the tissues of the jaws, open avenues of infection.

The large number of enlarged glands in children is largely due to infection through these diseased teeth. Many of these glands are tuberculous. This mode of entrance of the tubercle bacillus has been proven conclusively by numerous investigators.

In addition to this menace, should an abscess or "gumboil" form, as does in so many cases, it causes the natural destruction of the roots of the deciduous tooth to stop, and the oncoming permanent tooth is forced out of line, in many cases turning the deciduous tooth over on its side, so that its now exposed roots lacerate the cheek or tongue and also create a pocket for the retention of fermenting food, pus and debris. Deciduous teeth will remain in this position in cases of this kind for a surprising length of time. Some of the most nauseating mouths

that have come to my notice have been those where, owing to the formation of abscesses on the deciduous teeth, the absorption of the roots has stopped, and each jaw presented a jumble of newly erupted teeth, and jagged, suppurating remains of the deciduous teeth, a mass of corruption, decay and disease, constituting a grave menace to the health of the child and its companions.

A child of about two years of age has the full complement of deciduous teeth, twenty in all. At six years of age the first teeth of the permanent set arrive, one each side, above and below, just back of the deciduous teeth. These teeth, sometimes called the "six-year molars," arrive before any of the deciduous teeth should be shed, as an aid in mastication while the deciduous teeth are being gradually replaced. In addition to this important function, the upper six-year molars, when the jaws are closed, occlude, or lock, with the lower six-year molars in such a definite way that the jaws are held in their proper relation, one to the other, during the shedding period, when the child is from time to time partially deprived of teeth. These two functions make the six-year molars the most important teeth in the mouth, and yet, because they erupt at an early age and without pain, ninety-nine parents out of a hundred fail to recognize them, and they suffer the same neglect as the deciduous teeth. It is pitiful to see the vast number of these teeth that are lost, depriving the child of its power of mastication and causing what in most cases proves to be an irreparable injury to the child's features.

At no time in the life of the individual is nutrition of such paramount importance as during childhood. That thousands of children go from five to ten years with their powers of mastication seriously impaired, in some cases almost entirely destroyed, and the mouth all this time a mass of infection and disease, constitutes one of the most serious problems confronting medical inspection.

The effect of these conditions on the spread of disease has yet to receive the attention it deserves. With reference to the group of infectious diseases known as "Children's Diseases," it is a remarkable fact that in practically every case the seat of infection is in or near the mouth, throat or nose. In measles, for instance, the first symptom is "Koplik's Sign," small red spots with bluish-white point appearing in the mouth, while it is reported that recently it has been discovered that the last place from which infection may be obtained is the mouth. These diseases occur as a rule while the deciduous teeth are in place, or are being replaced by the permanent teeth, a time at which, owing to the prevalent neglect, the mouth becomes a hotbed of disease organisms. That this is a mere coincidence it is hard to believe, and I am convinced that there is a definite relationship between the prevalence of these diseases and the neglected and diseased condition of children's mouths.

Recently some health authorities, notably Dr. W. A. Evans, of Chicago, and Dr. Otis Nesbit, president of the city Board of Health of Valparaiso, Indiana, have gone on record as to their conviction of this relationship, from epidemics with which they were called upon to cope.

The mouth is the great gateway to the body. Through it passes all the nutriment the body contains and a great deal of the air. In addition, there is, or should be, there performed a very important part of digestion. Cavities and root canals of decayed teeth form natural incubators for the development of disease organisms. An unclean and diseased mouth is not only a sure and certain source of ill-health and disease to the individual, but many children are walking sources of infection to those about them, carrying in their mouths a mass of disease germs which undoubtedly form a most potent factor in the spread of disease. After an attack of one of the acute infectious diseases a child with a diseased mouth may carry the germs of this disease in the mouth after it is deemed free from infection. It would be a move in the right direction if children recovering from the infectious diseases were required to have the mouth in cleanly condition before entering school.

The limit placed upon the length of this paper makes impossible any extended reference to other diseases and the relationship to mouth conditions. Adenoids and enlarged tonsils are undoubtedly due in some cases to infection of these organs from a diseased mouth. Statistics are available showing a definite relationship between these conditions.

In dental practice we not infrequently have to deal with impacted teeth. Sometimes a third molar or "wisdom tooth," for instance, is turned on its side, and in its growth in this abnormal position, instead of erupting, presses against the root of the next tooth in the arch, producing severe pains, which are often baffling to both patient and operator till a radiograph shows the offending and misplaced tooth.

The growth of the paw depends upon the preservation and use of the deciduous teeth. When they are prematurely lost, interfering with the normal growth of the jaw, the larger permanent teeth in crowding into place bring about a condition somewhat similar to that just outlined, producing in some cases effects of a most serious character.

"The physiological activities going on in both jaws in connection with the exchange of the deciduous for the permanent dentures are in themselves sources of nervous stress; and when interferences occur which delay or obstruct the process an amount of peripheral irritation is set up which is the fruitful cause of many and serious reflex disturbances. Chorea, epilepsy, insanity, mental backwardness, all have their often unsuspected origin in impactions and malpositions of the teeth at the period under consideration. The results obtained at the psychological clinic of the University of Pennsylvania, the studies of Dr. H. L. Up-

son, of Cleveland, and the work of many other observers, leave no room for doubt as to the dental origin of many cases of the difficulties named and compel a recognition of the importance of appropriate dental treatment for removal of the source of the trouble."

One of the most serious results of the common neglect of children's teeth is the effect upon the features of the child. A knowledge of certin facts in connection with the anatomy of the jaws and teeth is essential to an understanding of this phase of the subject. The teeth are never attached to the jawbone proper, but are imbedded in a "bone of attachment" known as the "Alveolar Process." This bone of attachment is formed solely for the attachment of the teeth to the jaw, is moulded about the roots as the teeth assume their positions in the arch and disappears gradually after the teeth are lost, which accounts for the great absorption that takes place after the teeth have all been lost. Contrary to the commen belief then, the bone which is moulded about the roots of the teeth develops in whatever situation the teeth happen to erupt. Consequently the shape of the lower two-thirds of the face depends very largely upon the position of the teeth.

Mouth-breathing produces very definite results upon the features. The drawing down of the cheeks as the mouth hangs open produces excessive inward pressure on the side teeth, narrowing the arch. The natural inward pressure of the closed lips being removed, the front teeth project. It is this abnormal position of the teeth which produces the typical adenoid face.

As was mentioned previously, the four six-year molars are the first teeth of the permanent set to arrive, erupting at six years of age before any of the deciduous set should be lost. After they have fully erupted, the twenty deciduous teeth in front of them are gradually replaced by twenty much larger, permanent teeth. That twenty large teeth may thus replace twenty small teeth there must be a marked growth of the child's jaws. This growth is gradually taking place from the time the deciduous teeth are all in place till they are replaced, and depends upon the retention and use of the teeth of the deciduous set. At four or five years, when the deciduous teeth have been retained, spaces will be noticed between the little teeth, evidence that provision is being made for the eruption of their larger successors.

If the deciduous teeth are prematurely lost this normal growth of the jaw is interfered with and the large permanent teeth find a baby jaw with all the crowding and distortion resulting. In addition, the six-year molars are not held back in their proper positions in the jaws and drift forward, reducing the space for the other permanent teeth erupting in front of them and adding to the crowded condition. As the cuspid or "eye tooth," as it is commonly called, is the last tooth to erupt, of those of the six-year molars, it is most frequently crowded out.

Anyone who has paid any attention to children's teeth will recall how frequently this tooth is crowded out of line.

The six-year molars, as mentioned previously, have the important function of holding the relation of the jaws while the deciduous teeth are being replaced. These six-year molars are not recognized as permanent teeth and are lost in a very large percentage of cases. Their loss produces a shortening of the lower two-thirds of the face, a pouting of the lips and a projection of the upper front teeth that are characteristic.

Thousands of children have their features marred for life owing to some one or more of these causes. The receding chin and apparent weakness of character expressed in many faces are due to wholly preventible causes. If parents recognized these facts the features of many a child might be preserved in their beauty where now they are distorted out of all resemblance to what they might have been.

The question will probably be asked, "What can be done to remedy present conditions?" As a public health problem the situation is without a parallel, owing to the numbers affected by caries and the great length of time necessary to treat many of the mouths that are met with. In addition, there is the fact that in this country, while every other disease is provided for by health authorities, both in the matter of preventive measures and in the matter of hospital treatment, no provision is made for the treatment of the diseased mouth of a child, whose parents are unable to pay a professional fee. Toronto is about to establish a dental hospital for children, and is the first municipality in Canada to recognize this need.

The conditions which bring about the lamentable consequences referred to are preventible. The cause of the present neglected and diseased condition of children's mouths is a lack of common knowledge of the facts outlined in this paper. Decay of the teeth can be largely avoided by proper care in the diet and regular cleansing of the teeth and mouth.

It is the aim of medical inspection to meet this problem as other health problems are met; by urging upon the notice of parents and others such facts as have been outlined in this paper; by obtaining as far as possible regular care of the mouth on the part of school children, with compulsory cleanliness as the ultimate and logical goal; and by facilities for the treatment of such children as are unable to pay a fee.

There is no cause quite as worthy as the relieving of the ills of childhood. Medical inspection of schools is the greatest boon that has ever come to the child of our race. As one of the several steps being taken in the interests of health and efficiency in school children, mouth hygiene promises results that will be among the most lasting benefits that can be bestowed upon the child.

THE DEPARTMENT OF NURSING AND HEALTH AT TEACHERS' COLLEGE, COLUMBIA UNIVERSITY.*

By M. Adelaide Nutting.

The Department of Nursing and Health at Teachers' College, Columbia University, in the city of New York, shows the first attempt in history to provide higher instruction for nurses, beyond that offered by the ordinary hospital training school. For this reason, and because of the importance of the principles on which it is founded, a brief presentation of its history, purposes and achievement has been accorded a place on the programme of this International Congress, as worthy the interest and attention of a body devoted and pledged to a consideration of educational problems in nursing and to the advancement of nursing education.

It was part of the statesmanlike quality of Isabel Hampton Robb's mind that she did not think in terms of the individual but of the general. In looking at the nurse she saw always an army of nurses reaching far back into the past, stretching forward into the future, spreading and growing and presenting for the world's use either a strong, trained and united body of workers, or a weak, undisciplined, straggling and unserviceable body. In the training school her glance swept out beyond the special school which she at the moment might represent, and which might by special gifts and opportunities rise high above others, and took in the entire nursing system of the country. She saw hospitals and training schools multiplying in response to many kinds of calls and impulses, charitable and humane or purely mercenary, and she was constantly impressed with the great difficulty of maintaining good standards, or indeed any standard in training schools, under so many and such diverse forms of government and such fundamentally different conditions of life and work, and her question was how can we establish definite and satisfactory standards of work which shall be attainable by all schools. I think her attitude on this subject is nowhere more clearly shown than in a few words she once used in discussing this subject. "Surely," she said, "we should agree that where the sick are concerned there should be no 'best schools.'" To see all schools on a good, substantial, uniform level of work and effort, rather than a few far in the lead, and others struggling helplessly against disabilities—this was her ideal, and to this end she more and more directed her energies, fully as she recognized the part that legislation and state registration must ultimately play in bringing about a more uniform and stable system of nurse's education. She appears to have become strongly impressed with the idea that a very considerable degree of uniformity in their education could be brought about through the

*Read at the Congress of Nursing in Cologne, held under the auspices of the International Council of Nurses, August 1912.

superintendents of training schools. This thought she finally embodied in a paper, of which the substance was about as follows: If we could only bring together into one institution the future superintendents of training schools, give them there some special courses of instruction in preparation for their work, inspire them with the same standards and ideals, provide them with common methods of teaching, we might through these superintendents and teachers bring about a considerable degree of uniformity. And plans for some such course of instruction were roughly sketched.

The Society of Superintendents before which this paper was read, was committed to the policy of "establishing and maintaining a universal standard of training in schools for nurses." Every important educational advance had been presented at its meetings, advocated and discussed there, and supported in its publications and reports. It cordially endorsed and pledged material aid to the development of Mrs. Robb's plan, and in this instance, as well as in others, it furnished a useful demonstration of the enormous value of such an organization in initiating and supporting measures of educational and professional advance.

In looking about for a suitable place in which to try out this new idea, a college for the training of teachers which had recently become affiliated with Columbia University, New York, was selected. It appeared to offer some of the desired opportunities and to be perhaps liberal enough in policy to co-operate with the society in breaking this entirely new ground. The interest of Dr. James Russell, the Dean, was evident from the outset; his advice and support were invaluable, and eventually arrangements were made to admit nurses as students who were graduates of high schools, also of training schools for nurses approved by the society, and who gave satisfactory evidences of experience and personal fitness. Certain courses were selected from those already offered in the college, and special courses were added on matters relating to hospital and training school work, which were grouped together and called Courses in Hospital Economics. The time occupied was one year, which, successfully completed, led to a certificate.

In the autumn of 1899 the course opened with two students. Five came the next year, fifteen the year following. Miss Anna L. Alline, a first year student, was appointed in the second year to take routine charge of the students, and remained in that office until 1906, resigning to become Inspector of Training Schools in New York State. The course owed much, perhaps its very existence in those early days, to her faithful devotion. The expense of this officer was met by the society and not by the college, and the special lectures in hospital and training school matters were contributed without payment for several years by members of the society, often at considerable effort and expense to themselves.

But it early became very clear that we needed a good deal more

than the college could give us. Our students were asking for instruction we could not secure for them. We needed special lecturers and teachers in subjects which were not included in the work of the college. In fact, to enable us to handle satisfactorily our own problems, we needed an organized department of our own, with our special faculty, force and equipment. On our staff of voluntary lecturers and familiar with our needs was the head of an important nursing settlement, a most distinguished nurse, Lillian Wald. She generously drew to our problems the attention and interest of a wealthy philanthropic woman, Mrs. Helen Hartley Jenkins, with the result that in December, 1909, a substantial endowment was provided in order that we might carry on our work with greater efficiency and enlarge and develop in certain important directions.

A regular department of the college was thereupon established, called Nursing and Health, and organized to embrace new activities. Where for years we had but part of the time of one nurse supervisor, we now have a staff consisting of a head or director of the department, who holds the university appointment of professor of nursing and health, two regular assistants on full salaries and full time, in charge of special divisions of work, one responsible for the supervision of the group preparing to be teachers, the other of those preparing for public health work. There are eight other lecturers and teachers attached to the department. It has been thought best to put our resources almost wholly into supplying lecturers and teachers, with the result that we are now somewhat cramped on the administrative side and need more clerical aid.

Within the last two years the number of students entering has more than doubled, and the outlook for the future in that direction is promising. Our aim, however, is not to attract a great number of students, but to give special and advanced opportunities to those who have demonstrated their ability to profit by them, and who are likely to be drawn into the more important and responsible posts in training schools and public health work. Up to the date of writing 114 students altogether have received diplomas or certificates from the college. Five nurses have gone further, and obtained the degree of Bachelor of Science. Two are working for the degree of Master of Arts. Not included here are several non-matriculated students who have attended special courses or classes.

That there is a large demand for our students cannot be said to mean very much as yet, since there has been for years a demand all over the country for just such workers as we are trying to supply; training school superintendents and teachers, visiting nurses, school nurses, etc. But many, many more requests come than we can meet, an average of from 100 to 125 a year. At the moment of writing almost all our students of the present year are already appointed to positions.

The general plan of work in the departments embraces two main lines. First, that dealing with matters of teaching and administration in training schools and hospitals, and second, that dealing similarly with public health nursing. Both of these are subdivided to enable students to concentrate effort upon some special branch of work. A group of students may, for instance, wish to prepare themselves thoroughly to become teachers in training schools, and in that case their work will be arranged about as follows: They will first be carefully grounded in the subjects they expect to teach, or require to use as a basis for their practical teaching, such as anatomy, physiology, bacteriology, hygiene, and perhaps chemistry, thus securing a thorough mastery of subject matter. They have a solid course in psychology to give them some insight into the workings of the human mind and the laws of thought, which will later have the most practical bearing upon their relation to their students, helping them to arouse proper interest, to secure co-operation, to provide the right influences. Later will come instruction in the principles and methods of teaching, in which the students become familiar with the basic principles on which good teaching rests, and the technicalities of class room procedure. Abundant opportunities exist of observing these methods excellently applied in the class room by the highly trained expert staff of teachers of the college.

Finally each student must herself prepare plans of lessons, and must teach a series of classes on selected subjects. These plans are submitted to a teacher who first goes carefully over them with the student, and later is present to watch them carried out in the class room. Following this the teacher fully and frankly criticizes every defect in presentation of the subject and weakness in handling the class. It is interesting to watch the effect of this practice teaching upon our students and to note the way in which confidence and ease replace timidity and weakness, and teaching instead of a distasteful task becomes an enjoyable one.

It is of such paramount importance that the instruction of all kinds in our training schools be thoroughly and ably carried on, that we are inclined to look upon this branch of our work as perhaps the most vital and far-reaching, and one to be strengthened and developed in every possible way. Believing that there is no more direct and potent agency than the teacher in shaping the standards and ideals in work of the young nurse, we feel that every training school worthy the name should have its expert teaching staff, trained for this special work. Without a sound system of teaching in both principles and practice of nursing there can be no genuine progress, there must, indeed, be retrogression.

Important, however, as is the teacher in the general scheme of training school work, it is to the superintendents and principals that we must look for wise and adequate direction of the whole system of nursing education, as well as for capable management of the hospital

nursing departments. Upon their shoulders rest responsibilities of a truly extraordinary nature, full of perplexing, confusing, even conflicting elements. In these women must be combined qualities and capabilities, education and training which will enable them to handle competently important administrative problems on the one hand, and equally important educational problems on the other. If we could imagine the offices of dean of a medical school and superintendent of a hospital held by one person we should form an approximately correct estimate of the situation. The position is one of high public importance, since the product of the training schools enters deeply and vitally and at many points into the life of the community. The preparation of a woman for such responsibilities goes far beyond that which the hospital or training school alone can provide, and no more fundamental error can be made than to assume that practical skill and an ability to manage can be stretched to cover the gaps which should be filled by qualities and training of a widely different nature, by exceptionally sound general education, by wide sympathies, by a liberal and progressive attitude toward life and work.

It is, therefore, of the very greatest significance for the progress of nursing that a door has been opened which provides further opportunities to those interested in or engaged in training school work, and anxious to improve in it. For these students courses are given in which the history of nursing is followed by a course in contemporary problems in nursing. Here the questions of nursing in various types of institutions, of nursing organizations, of legislation and state registration are considered. A course in training school administration takes up details of management and planning of curricula, and grouped around this are courses in psychology, sociology, economics, and in the history and principles of education. Any student who wishes to get a more thorough knowledge of the sciences is encouraged to do so, and there is as much latitude as possible in choice of such studies as languages, literature and general history.

While the college is primarily for the training of teachers, it has grouped around it several schools, and one of them, the School of Practical Arts, is of special interest to hospital and training school workers, owing to its splendidly equipped biological and chemical laboratories. On one floor household chemistry, physiological chemistry, nutrition and dietetics are taught in relation to health and disease. Very special attention is given to the practical problems of institutions in several departments. A course, for instance, in institutional dietaries, may be supplemented by a course in institutional cookery, in which a complete hotel equipment is used. A working knowledge of institutional laundries may be obtained by a course in a laboratory equipped with a complete small model power laundry. The entire practical problem, in fact,

of food supply from market to table, of the laundry in its equipment, management and methods of work, may here be carefully studied under expert guidance.

These courses are taken equally by those preparing for hospital or training school management since both include a highly organized system of expert housekeeping on a large scale, and all good nursing calls for the continuous use of housekeeping arts of the finest and most exquisite character.

Both groups of students take up the matter of hospital buildings, studying their general plan and arrangement as relating to good administration, to convenience and efficiency in work and economy of labor, and typical hospital and training school buildings are visited and studied under the guidance of the architect, there is not, in fact, any important aspect of work which has not some place in our present courses of study or in our plans for the early future.

The latest branch of work to be opened up is that which admits a whole new group of workers, nurses interested in public health and intending to do some form of district or visiting nursing, hospital social service, infant welfare work, or public school nursing. It has been urged by friendly critics for some years that the nurse with only hospital training is unable to cope with the new situations presented in these fields; that work in the families of the sick poor offers problems not purely medical or sanitary in nature, but frequently, and indeed usually, with more or less complicated social bearings. The ability to present instruction to patients and families in a way which will be understood and accepted by them is required in the modern public health nurse.

In co-operation with the School of Philanthopy and with the Henry Street Settlement, a year's work has been arranged, taking up the following subjects: social economy, medical sociology, psychology, municipal sanitation, industrial hygiene, housing, food economics. Substantial courses dealing with the principles and other special forms of work are given by experts in these fields of activity, and the courses are enriched by lecturers of note in several of them. A new course this coming year will open up the study of statistics and their bearing upon health and legislation.

In a special district in the vicinity of the college a branch of the Henry Street Settlement has been organized to serve as an observation and practice district for our students. Nine district agencies of a social and philanthropic nature, including hospitals, dispensaries and municipal departments are here co-operating, to work beneficially for the health and welfare of this small model district.

From the beginning of our work we have received marked courtesy and hospitality from the hospitals and training schools of New York. Their co-operation has been continuous, their help invaluable. An in-

stance of this is shown in the three working and teaching scholarships established at St. Luke's and at Bellevue Hospitals by means of which senior students in the college reside in the hospitals and give assistance in teaching in return for that privilege.

The results of our work—how can we yet attempt to measure them? The usual number of failures and disappointments will undoubtedly be found in our lists, and perhaps we may even be too sanguine in thinking we see a fresh new life and spirit arising in some of those schools and other places in which our former students are now at work. Perhaps our most tangible assets so far may be that our students may have conceived a new respect for nursing, a new appreciation of its value in the general scheme of life, an awakening to the weaknesses and defects of our present structure, an acceptance of the principles upon which future developments should be based. It is good for our students to have lived even one year in the college, to have mingled with students of many kinds preparing for many fields of work, and to have watched the careful preparation of teachers which is its distinguishing feature. And I think that we may presently see a group of women emerging animated by quite similar ideals and standards, and establishing similar methods of work, and that Isabel Robb's belief in the value of these college courses in helping toward uniformity and solidarity in our work will be largely justified.

Against the confusions and contradictions into which nursing has been thrown by the various institutions and individuals controlling or utilizing the educational system, one fact stands out sharply—there is an imperative, increasing demand in every branch of nursing for better educated and more liberally trained women. If we cannot under the present system find strength to pull ourselves up to a higher plane of mental power and effort and cease to look upon nursing as a purely practical work, requiring hard apprenticeship, heroic devotion, and little or no foundation in science or principles, then our present system must pass and a worthier and freer one must replace it. And while it is true that nursing must stand or fall by the strength of the average nurse, yet it is equally true that into the hands of the teachers and superintendents of our training schools is largely committed the making of that nurse—the destiny, in fact, of the entire nursing bodies upon which our countries are coming to lean so heavily.

For our encouragement in our difficult upward path stands the picture of Isabel Robb, bringing our problems to the university—asking merely for an opportunity—empty-handed—but with an idea and a vision—and also with faith in nurses that they would make their own place and shape their own course, and that training schools would discover their own extreme need.

OPEN AIR SCHOOLS AND THE GREAT WHITE PLAGUE.

Two Hundred Thousand Dollars for Cure—How Much for Prevention?

By W. E. Struthers, B.A., M.D., Toronto; M.R.C.S. (Eng.); L.R.C.P. (Lon.); Chief Medical Inspector, Toronto.

"What do you think of the new cure for consumption?" I was asked. I do not know anything about it; the secret of the "Cure" has not been revealed to a waiting world, but I do know that the truths revealed and the lessons taught by the fight against the Great White Plague will still remain applicable to our daily lives. The great and never failing "Cure" is Prevention, more open air life for the child and the adult. The only sensible, adequate, and logical way to fight tuberculosis is to fight it in the child—to protect the child from contracting the disease. It is now generally admitted that a large percentage of the cases of active tuberculosis in the adult is but the outburst of disease that has been quiescent or latent in the child for a number of years. That is to say, the real beginning of the disease was in the tender years of the child, when life conditions, home conditions, and school conditions made it possible for the child to become a prey. Dr. Phillips, of Edinburgh, says: "Evidence is accumulating that it is especially during childhood and school life that the tuberculosis seed finds a nidus"—that the tuberculosis germ finds fertile soil in which to live, where it becomes implanted and thrives, resulting in an early death, or, more frequently the germ is able to maintain its life only; it lies quiescent, inactive, and the disease makes but little, very probably imperceptible, progress for years. In early adolescent life, the sixteenth, seventeenth or eighteenth year of life, this disease germ so persistent and tenacious in its hold of its victim, finds conditions more favorable for its growth, activity, and extension; the disease makes rapid progress, and in three or four years or less time, despite every care and effort, despite the greatest skill of physician and nurse, despite the modern aids of the best equipped sanitoria in the world, another bright young life on the very threshold of manhood or womanhood is extinguished, because the child is not given a chance, and all our money and effort to educate and to train this child for life have been wasted.

For ten months in the year we shut children up in our schools for five hours a day in crowded rooms of forty and fifty or more, where it is impossible to get ideal, or even favorable conditions of ventilation, heating, and light. These children live and sleep in home conditions in many cases much worse than the school environments. What is going to give the best solution of this problem? The open air school seems to get the closest to nature's way—school in the open forest. Where were these first opened? Oh, in Germany, of course. Germany is constantly

giving us the first logical and scientific solution of such great social problems. The first municipal forest school opened in the world was established in the German Grunewald near Charlottenburg in 1904. This was the beginning of the greatest, most logical and the most efficient crusade against tuberculosis the world has yet seen.

To this school were sent the physically undeveloped, poorly nourished, underfed, anaemic, pre-tuberculous children; the children who will fill the class of the shiftless and thriftless, fill the reformatories, the hospitals, the consumptive sanitoria, the shelters, and the asylums, who will make the loafers and criminals of adult life, who never had the asset of a healthy, vigorous, clean body, or knew the inspiration of a beneficient nature life. These children are taught how to live. Health first, education second; vitality, resistance to disease, and the buoyancy of bodily vigor and mental alertness first, and study will be easy, natural and desirable to the child.

Any humanitarian scheme for the prevention of tuberculosis must necessarily be conspicuously inadequate and incomplete if it does not begin with the life conditions of the child in the home and in the school, the school life being just as important as the home life. The open air school is one of the great handmaidens of preventive medicine. It produces bodily vigor and increased mentality; reclaims from uncleanliness, disease and immorality; reduces incorrigibility and criminality; produces pure manhood and womanhood, efficiency and self respect; the child learns the invigoration of health, learns to abhor stuffy rooms in the home as well as in the school; feels the stimulus of the open air and sunshine, the bath and personal hygiene; feels the joy of health, the inspiration and buoyancy of mental and bodily vigor.

Communities and municipalities have spent large sums of money in the establishment of a consumptive sanitoria. This is a great humanitarian and laudable work. But is this the strategic vantage point in the fight against tuberculosis? To soothe death-bed afflictions, to tenderly care for the disease-stricken, is praiseworthy benevolence, and is to-day demanded of all civilized states, but there is a higher and greater call, each day becoming louder and more persistent, that the state of to-day will so house, feed, clothe and school its children that they shall become healthy, vigorous, well-trained men and women, capable of efficiently filling their positions in life—the strength, protection and wealth of the nation. Thus the municipality has fulfilled its high duty, and the state has returned to it in effieient service the cost of the rearing.

Many countries were quick to follow Germany's lead in the establishment of municipal open air schools. Other municipalities of Germany followed suit. Mulheusen and Minchen, Gladrach in 1906, Elberfeld in 1907, Wesloe and Dortmund 1908, Munchen 1908, Ziegenhole and Zealendorf-Klein 1910. The first opened in England was at Bostall,

near Woolwich, in 1907, where for three months the experiment was tried out with one hundred children from the boroughs of Woolwich and Greenwich, London, E. In 1908 three others were opened, at Forest Hill, London, S.E.; Kentish Town, London, N., and Shooter's Hill, London, S.E. These were opened for six months with an attendance of about seventy-five children each. The greatest handicap to these London open air schools is the lack of sufficient grounds. Birley House Open Air School at Forest Hill has only about one acre; Montpelier House, at Kentish Town, about two and one-half acres, and Shrewsbury House, now Shooter's Hill, about six acres of meadow and woodland. Each of these schools has a headmaster with three to four assistants, a trained nurse, a cook and helpers, and a caretaker. The school day is from nine a.m. to six p.m., and now the school session extends through the whole year. The classes of these schools are of necessity ungraded, and the children in attendance, of course, change every term. It has been found that the best results from the health standpoint cannot be obtained in three months, so it was thought desirable to insist on an attendance of at least six months for most, and even a year for some. In the year, therefore, a school handles twice as many pupils as it has facilities for handling at one time. Here the time for study, play, work, and sleep are regulated to the child's physical conditions. Three wholesome meals are supplied with milk at the mid-forenoon and mid-afternoon. Every child is bathed at least once or twice a week. Some schools have the shower baths, but in others there is still the old fashioned tub bath as at Birley House.

Here, in the outdoor life of the child, instruction is given somewhat different than in the ordinary school, but the regular school work is taken up; reading, writing, history, geography, arithmetic, nature study, manual training, breathing and other physical exercises; vegetable and flower garden work, grain growing, tilling and manuring the soil, use of tools, fencing, carpentering, work of forest and mines, problems of transportation, trade and commerce, supply and demand, etc., are studied. Since the opening of these London open air schools, similar ones have been established at Bradford, Halifax, Liverpool, Manchester, Birmingham, Sheffield and other places. Bradford spent a large sum of money on its open air school—Thackley Open Air School—established in 1908. Bradford is a city of about 300,000 inhabitants, 98 primary and secondary schools, a school population of 46,000, and a teaching staff of 1,522 teachers. The city school architect was sent to Charlottenburg to see the open air school system in vogue there. He came back filled with many ideas of improvement on the Charlottenburg type of shelter and administrative buildings. His "improvements" were so extensive that the open air idea in the school buildings was "improved" clean off the map, so the Thackley Open Air School is altogether too much like the

regulation type of the ordinary public school. But, if I remember rightly, Bradford spent $60,000 for the buildings alone. There is, of course, a well equipped kitchen, good lavatory accommodation, up-to-date sanitary conveniences, and splendid shower baths with white tile floors and walls, and hot and cold water. In 1911 over 400 children attended this school, the average length of attendance of each child being about six months.

As I previously stated, teaching methods are modified to suit the outdoor life. Here is one part of the scheme of work as carried out in the Birley House Open Air School:—

NATURE STUDY CONNECTED WITH GARDENING.

Work.	Lesson.
Tilling and manuring	Study of soils.
Reason, method and results	Analysis of garden soils. Burning, washing and filtration.
Use of tools, Kinds, and methods	Effect of tillage, and earth worms' work.
Bed making	Planting to scale.
Seed sowing	Conditions of germination.
Depth, size of plant, and temperature	Growth, roots and stem. Effect of light, heat, and moisture.
Watering, liming, scarecrows, &c.	Friends and foes, birds, snails, bugs, and caterpillars.
Gathering flowers	Polination. Parts of a flower. Bees and butterflies.
Weeding	Common weeds. Insect life.
Gathering crops	Seeds, fruits, and vegetables.

The first open air school established in this country was at Providence in 1908. Since, Boston, New York, Chicago, Hartford, Washington, Newark, Albany, Cleveland, Rochester, Buffalo, and many other places have started open air schools. The difficulty or uselessness of trying to cram a child's head full of knowledge that had an enfeebled, poorly nourished, or sick body was long ago recognized, but we have been slow to apply the remedy. Even a single physical defect may retard a child's school progress from one-half to one and one-half years. To such physical defects, many of them easily remediable, to physical ailments resulting in physical debility, can be ascribed one or many wasted years of a child's life, besides the possibility of a permanent and irretrievable damage to its physical development, its beauty, and its efficiency. The futile attempt to impart instruction to pupils whose bodies are enfeebled and mental faculties dulled by easily remediable physical defects or ailments is a national burlesque on ordinary common sense.

The results obtained in open air schools show that the fresh air pupils can accomplish in two-thirds of the regular study time as much as normal children ordinarily accomplish when they put in full time under the usual unsatisfactory conditions of heat, light, and ventilation of the ordinary school room. Dr. Britton, of Chicago, tells a pathetic story of selecting children for a new open air school in that city that could accommodate only 25. After very careful examination he had picked out thirty out of the 200 applicants—30 pre-tuberculous, poorly nourished, and anaemic children, whom nothing except constant health supervision and plenty of fresh air and good food could possibly save. To select 25 out of the 30 was like passing sentence of death upon the remaining 5.

Cleveland has now a roof-garden, open air class rooms. This class room is now a regular unit of the public school system. They have obtained such favorable results that those who are watching the open air school work believe that the time is not far distant when every public school in Cleveland will have its roof garden class room. Children whose previous records showed that they were frequently out of school with colds and other ailments, have never had a cold since the beginning of their outdoor school life, and their attendance has been much more regular.

Last summer the Toronto Board of Education was able to spare $1,000 toward open air school work, and the "Star" newspaper gave $700 to supply food. Mr. Eckardt generously gave us the use of Victoria Park, and the Toronto Street Railway free transportation night and morning. So the open air school movement had its birth in Toronto, and fifty children enjoyed health-giving breezes, physical training, and school instruction for three months in that beautiful open park on the banks of Lake Ontario. But we have no more money for open air schools; so little legs must go slower, and become feebler, bright little eyes droop and close in death, because of the lack of the price of health and life.

We have voted $200,000 for sanitoria work—a noble and laudable work. But for one life saved to a more or less precarious existence of marked limited efficiency and usefulness, a hundred, aye, five hundred, bright young lives could be saved to full, vigorous manhood and womanhood, to health and vitality and full efficiency, to be the power and the strength and the wealth of the nation for the same money. $200,000 could buy Victoria Park, with its twenty acres of life-giving breezes, build us the necessary shelter schools and administrative buildings, open dining pavilion, rest pavilion, kitchen, store rooms, dairy house, lavatories, sanitary conveniences, shower baths, caretaker's house, head master's residence and teachers' home, supply us with equipment and facilities to care for 600 children, which would mean 1,200 children

per year. And for lack of this money these same children that might now be so easily saved to health and strength may be doomed by the cruel conditions of life to become inmates of such a sanitorium, to drag out a life of limited usefulness, or die an early death.

Will an intelligent, enlightened Board of Control give the Board of Education $200,000 for open air school work? It is the only logical thing to do. If done now, in a few years it will return to the city five times the amount in the energy, ability, and intelligence of its citizens.

One longs for the power to cry from the house tops unto the people of this city to give their main energies to the saving of the children; give the child the ruddy glow of health, a clear intellect, and a clean mind, physical, intellectual and moral life, and the child will become the strength of a great nation.

WAYSIDE NOTES.

By The Medicine Woman.

"Say, Mrs., are those rooster tails on your hat?"

We were rushing westward over the line of the C.P.R. I had said "au revoir" to school and hospital duties amongst my dusky flock, and was off on a holiday jaunt.

It was my good fortune to fall in with a most amiable and delightful fellow-passenger, the wife of a Presbyterian minister. She was accompanied by her two children, bright little lads of eight and five years.

The older one was somewhat reserved, but possessed a charming, chivalrous manner rarely found in one of such tender years. The bright, sturdy, restless child of five, with fair hair, earnest blue eyes, sweet mouth, and richly tanned skin won my instant attention. I longed for an acquaintance. Suddenly, looking up at my recent, and as I thought too extravagant purchase, there sallied forth the question with which the story opens.

We needed no further introduction. What is more delightful than the unconventional, innocent frankness of children?

Later, Russel Gilmore Blank, nicknamed Gil, came to my seat, sat upon my knee, and revealed his dreams of future greatness. "When I'm a man," said he in a confidential tone, "I'm going to wear glasses (not like my brother Stan's), but glasses with a chain, and I'll put the chain back of my ear." Then, straightening up, made the important announcement. "I'm going to smoke cigarettes, be a preacher, and run a motor car." "Oh, no," said he, in reply to a question, "I don't think I'll preach in Winnipeg; perhaps a thousand miles away."

"Did the Indians make that?" He pointed to a beaded purse.

"Did I ever see an Indian, do you mean a real, live Indian? Bet your life I have." "Perhaps I could go to visit you some time, Mrs., where do you live?" "Oh, I'm sorry that you live far, far away; I can't go, because"—he leaned forward and whispered in my ear—"when I ride a long time on the train I vomit, especially if it's hot.'

Then the subject changed. "Where is that man with the chocolates? I want to spend my ten cents." Just then quiet Stan became interested: "Now, don't spend your money. You promised to help to buy the Shetland pony."

"You see," said Stan, in explanation, "we've been visiting our cousin in Virden, and he wants to sell his Shetland pony for $150, and——"

"I'll save my next money," pleaded the little one—the chocolate man had come and the money was gone. "All right for you, Gil; I'm going to spend my twenty-five cents, and we'll never get the pony. Yes, sir, please give me ten cents worth of peanuts and fifteen cents worth of chocolates."

"Saskatoon!" sung the boy in blue with brass buttons, and my delightful little fellow-passengers were gone—but their bright faces and quaint sayings will linger for many a day.

I wonder if Gil was right; I wonder if those are rooster tails on my hat.

* * *

I had finished my book, "Kilmeny of the Orchard," and must needs interest myself with observations upon fellow-passengers. Who does not find delight in so doing? To me, it is one of the pleasures of travel. We find much to amuse, much to draw out our sympathies, and often invaluable lessons are learned from those with whom we come in contact.

"Yes," said a dear old lady, "I've been east to visit the folks, and now I'm on my way back to the homestead. I've had a delightful time; stayed six months and saw everybody. No, I don't think I'd like to live back in Ontario, I like Saskatchewan better; the breeze of the prairie has got so thoroughly into my system I couldn't live without it. We've seen hard times out here, that is in the early days, but now we have all the necessities and many luxuries."

"I asked questions about everybody I remembered, and had many surprises on my eastern trip. 'Where is that Hutchins boy,' I inquired, 'Tom, I think his name was? 'Oh, Auntie, you must mean Judge Hutchins,' said my young niece. 'I remember,' she smilingly told me, 'that Tom was always interfering in all the boys' quarrels at school, always seemed to think it was up to him to settle all disputes.' I guess the judge streak must have been in him even then."

Our conversation then drifted to the great need of nurses on the

prairies. "Yes," she said, "the prairies are real battlefields. Battles are being constantly fought—battles more desperate and terrible by far than the mimic ones where people stand to be shot at." Then there followed one of the most pathetic stories I have ever listened to. Let me give it to you in her own words.

"Lucy married a homesteader—Joe's farm was next to ours. We buried my only daughter in just one year from the very day she was a bride. She was just nineteen. We put on her wedding gown and placed the baby beside her. Had a nurse been available I think my daughter would be with us to-day.

We lived fifty miles from the nearest doctor, and owing to the great distance, had not counted on being able to secure his services in the time of our need. We studied the doctor's book, like many others do, and hoped everything would be all right. Alas! everything was not all right.

"A post-partum hemorrhage ended the life of this girl-bride and mother."

Imagine the helplessness of the situation in the hour of direst need. The worst blizzard of the season, the thermometer registering 50 degrees below zero, a little log shack away out on the lonely prairie, fifty miles from a physician, and the only mode of travel a sledge drawn by oxen.

* * *

Our great western country is magnificent, there is no mistake about that. I am proud to belong to it; but I cannot blind myself to the fact that there is one blot, which it is hoped may soon be erased. Provision should be made by the government for the conservation of the lives of mothers and babies. It is a subject which is being constantly agitated by one who thoroughly understands western conditions, who fully realizes the importance and urgency of this phase of work—one who has done and is doing much for the women of the west—I have reference to "Lillian Laurie"—and her solution of this great problem is: Aid must come from the government.

When the time comes, as come it will, I feel sure that Canadian nurses will need no second bugle call—laying aside all thoughts of comfort and ease, true to their calling, they will be in readiness to go in and possess the field. Very great is the need and wide is the scope for fully trained, graduate nurses among the women of the prairie. Their call is like unto that of the man of Macedonia, "Come over and help us." Surely they are not calling in vain.

> Mark'st thou the strange, sweet radiance in her eye?
> She has been near to Heaven's shining portal,
> And there, while death and life stood watching by,
> Hath plucked with trembling hand a flow'r immortal.

THE PROGRESS OF NURSING IN GERMANY.

The article under the above heading in Miss Dock's department of *The American Journal of Nursing* for January, written, we would conclude, by Miss Dock herself, is so interesting that we reproduce it in full. Nurses who had not the privilege of attending the Congress at Cologne are always helped by learning the impressions of those who were present.

No one who knows her Germany at all well was surprised at the evidences of vigorous initiative and progress on modern nursing lines which were arranged at the Cologne Congress, nor at the many strong, forceful, and able personalities who took part in the German contributions to the programme—matrons, sisters, and organizers. But those visitors who did not know Germany well were amazed by the array of leaders and the earnestness of their followers. It has been generally assumed that German nursing was still in the hands of religious orders, and the strength and ability of the Free Sisters took many by surprise.

In Sister Agnes Karll, the German nurses have a leader of very rare characteristics. Of irresistible energy, far-seeing, impelling, she carries, even sweeps, others with her, and without antagonizing. It interested us greatly to observe the demeanor of men toward her—men of importance and of official position. They bore themselves toward her as if she were a man whom they especially respected—another man; and there is here a subtle and significant shade of manner. And yet Sister Agnes is a most womanly woman, whose goodness to individuals is unending.

A deep impression was made by Sister Helene Meyer, superintendent of nurses at Dortmund, whose personality is vivid, and by Sister Edith Koehler, superintendent of the Moabit Hospital Training School, in Berlin, who is the embodiment of calm strength. Sister Maida Lubben and Sister Martha Oesterlen, Sister Emma Ampt and others especially active in organization work, and the galaxy of those who are taking up social service of all kinds, give the keynote to the new trend in Germany. Excellent papers on all the new lines of work were read. Among them, easily the most dramatic and unusual, was that of Sister Henriette Arendt, the first German policewoman.

Sister Henriette is a truly remarkable woman. This department gave some notice a year or more ago of her investigations into the white slave traffic as regards children, and of the varied forms of almost incredible slavery of little girls from eight years up which she unearthed, beginning during her activity as policewoman and later as investigator for a society of women. She has written a book called "White Child Slaves" which is absolutely heart-rending. In conversation Sister Henriette related many incidents of her work. Her investigations are dan-

gerous in the extreme, and she has personally rescued more than 1,200 little girls from a most horrible fate.

Since the Congress, the German nurses are working harder than ever. In October the National Council of Women met, and gave nursing conditions a large place on their programme. Sister Agnes and other leaders spoke on all points needing improvement, and it is noteworthy that they were joined by a Red Cross matron, Sister Marie von Keudell, who spoke on education and training, agreeing with the demand for three years and advanced standards, and who furthermore thanked Sister Agnes for pointing out deficiencies in the Red Cross training, and declared that her criticisms were those of a friend and were just. The National Council passed strong resolutions covering the needed reforms, emphasized the necessity of organization, and demanded continuous appeals to public authorities for the adjustment of professional grievances. Again we point out that the nursing movement is a part of the woman movement in its entire programme. Yet so great is the blindness of men, that a medical journal of Germany held it to be "bad taste, to say the least, for the Cologne Congress to pass a woman suffrage resolution."

Best of all the news is that the Leipzig Frauen Hochschule, where the nurses are to have a course similar to ours at Teachers' College, is open, and there is a class of five nurses to begin with. Sister Agnes will deliver a series of lectures on nursing history there. She is delighted with the outlook and is travelling throughout Germany in the interest of the new opening and general organization.

BE AN OPTIMIST.

You can't inherit happiness as you do houses, stocks and bonds and bank books. You must make it. Create it. It's the only thing on earth that can be increased by dividing it. You may decrease your sorrows by sharing them with some one, but the moment you share your happiness you increase it.

You may accumulate earthly treasure, pile up your millions and follow out your pet theories and hobbies to your heart's content, but if you are not creating an atmosphere of happiness around you, you are wasting your years. Happiness that comes from a peaceful mind is probably about the only thing that we can take with us when we do quit this world. Anyway, if we can't, it makes the path here a little less rough and the sunshine a little brighter, both for ourselves and others.

You can't forget that there is sin and sorrow in the world, and you can't relieve all the cases of want and distress you hear of, but you can

keep your own small part of the earth the most cheerful of all its little corners.

Don't turn pessimist because there are dark spots in your city, your neighborhood or even your own family. Turn to and help wipe them out. It's your duty as a man, as a woman, to whom much has been given. You can't turn pessimist in the face of things like this. You must remain an optimist.

Don't go about with a long face, sorrowful mien and an appearance of general dejectedness. If you do you will find that very few people will want to remain to talk with you or to associate with you in any way. Every one will want to pass on as quickly as possible. Even a pessimist doesn't enjoy the company of a pessimist. So if you insist in being the personification of despair, expect to be lonely.

Mark Twain once said: "Be good and you'll be lonely." Be a pessimist and you'll certainly be lonely.

On the other hand, the sunshiny optimist is never lonely. People want to stay to talk. They cross the street to gather in a little of the sunshine. The optimist is the type of man or woman who in the face of trouble looks you squarely in the eye and says: "Yes, I know it's bad, but you know it might be a great deal worse," or, "I know it's a stormy day, but I expect the sun to shine to-morrow." But these little bits of advice would be of little value were they not practised by those who utter them. Theory carried into practise is what makes life perfect.

If there were no sorrow and no sickness we never could appreciate happiness; if there were no sickness we could never appreciate health; were there no storms we could never appreciate the sunshine. It is the contrast of conditions that makes the difference. A life of unalloyed happiness would lose its value because there would be nothing with which to contrast it. Make life sunshiny around you. Create happiness for yourself and others. Let some one else look for the clouds.—Katherine Kip, in *Halifax Evening Mail.*

FACE THE SUN.

Don't hunt after trouble, but look for success—
You'll find what you look for—don't look for distress.
If you see but your shadow, remember, I pray,
That the sun is still shining, but you're in the way.
Don't grumble, don't bluster, don't dream, and don't shirk;
Don't think of your worries, but think of your work.
The worries will vanish, the work will be done—
No one sees his shadow who faces the sun.

—Una.

THE SCHOOL NURSE.

London, Ont.—During September, October and November, 1912, the School Nurse made 3,721 inspections, and gave 599 treatments; 14 children had glasses fitted, 15 had tonsils and adenoids removed, and 22 had teeth filled.

The Out-patient Department of Victoria Hospital has been such a help to me in my work. There, the children whose parents are unable to pay receive both medical and surgical treatment. The eye, ear and throat Specialists in charge of the out-patients have given unsparingly of their time in examining and treating children with hypertrophied tonsils and adenoids, and those with defective vision. Those requiring eye-glasses and unable to pay are provided for by the Board of Education.

At the beginning of 1913 we expect to have a Dental Clinic in connection with the Out-patient Department of the Hospital, where the poor children will have free dental treatment.—B. G.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, January 6th, at 3.30 p.m., at the Toronto Graduate Nurses' Club. The Association decided to hold its annual dance on the evening of January 29th, at the Metropolitan Assembly Rooms, College Street, Toronto. The success of previous dances assures every one of a pleasant time this year.

After the conclusion of business, the nurses listened to a most interesting address by Mr. Arnold, secretary of the Associated Charities of Toronto. This address was especially helpful to the Toronto nurses, for the work of the school nurse brings her into intimate touch with the charities of the city. Mr. Arnold was tendered a standing vote of thanks for his helpful, interesting address.

The Medical Inspectors and Nurses are now making their routine inspections of all the children in the Toronto Public Schools, watching carefully for all infectious diseases.

Miss Alice Robertson, one of the first school nurses to be appointed in Toronto, has resigned her position, and is to be married in the near future. The Association offers its very best wishes to Miss Robertson who, along with Miss Rogers and Miss Jamieson, were the pioneers of school inspection.

Miss Rogers, Superintendent of School Nurses, Toronto, spent her Christmas vacation in New York.

Editorial

STATE REGISTRATION OF NURSES.

The following is the text of a resolution dealing with the principle of State Registration for Nurses, which was presented on the official Agenda of the International Council of Nurses, meeting in Cologne, Germany, on August 5th, 1912, and was passed unanimously:

"Whereas the experience of those countries where State Registration for Nurses has been put in force shows that the State Regulation and Control of Nursing Education, by setting a standard of genuine and uniform professional training for the nurse, is wholly in the best interests of the sick and helpless, therefore be it resolved: That this meeting emphatically endorses the movement of State Registration of Nurses; expresses its satisfaction with those Governments that have enacted Registration Acts, and call upon these Governments that have, so far, denied this obviously just demand of nurses and of public bodies to reverse their attitude of inaction and to legislate in protection of the sick against fraudulent and incompetent nursing care."

This important resolution was passed by that great world gathering of nurses after the careful consideration of the evidence presented by all the delegates. There were delegates from countries where State Registration has been in operation for some years, and there were delegates from countries where there is, as yet, no State Registration.

The evidence in favor of State Registration was very convincing.

First, there is the sure protection of the public. Who can estimate the importance of this! Perhaps only those who have placed their confidence in an imposter whose true standing has been learned too late!

To know, beyond question, the status of the nurse who enters the home, whether she be trained or not, is the right of every citizen. State Registration makes this knowledge possible.

Then, too, the physician—for he is sometimes imposed upon—does not have to ask the nurse if she is trained and where she trained, to know her standing. Her badge proclaims that at once. It is true nurses will always differ because personalities differ, but impositions are no longer possible.

And then the value of State Registration to the profession! The nurse is accorded her proper standing. The trained nurse comes into her own. The stigma of blame for errors, not her own, will attach to her no longer. She has the great opportunity of measuring up to the work, the great work that lies to her hand. And she will do it!

This resolution, then, should materially strengthen the hands of those who are working for State Registration. Those in authority in the land cannot ignore the question of State Registration for Nurses, for the testimony in its favor is too strong and too convincing.

THE ALUMNAE ASSOCIATION.

In the twentieth annual report of the Alumnae Association of the Johns Hopkins Hospital Training School for Nurses, published in *The Johns Hopkins Nurses' Alumnae Magazine*, for September, it is interesting to note that of nearly six hundred graduates only some thirty or so have failed to join the Alumnae Association.

Whole classes have become members repeatedly and so often only one, two or three are starred as ignoring the Association.

The aim of the Association evidently is to have every graduate a member, for note this excerpt from the president's address: "Why is not every graduate on our list of membership? Are we, the older members of the Association, to blame? Have we failed to make the meetings attractive? Have we fai'ed to make the benefit of organization felt? Have we failed to impress upon the graduates of the school that "the object of the Association shall be to promote unity and good feeling among the Alumnae and to advance the profession of nursing?"

The question naturally follows, Can all Alumnae Associations show as satisfactory a membership list? Can any Alumnae Association show a membership list that tallies with the graduates of the School? If not, why not?

The Alumnae Association should mean much to every nurse and she should deem it a privilege to belong.

As Miss Tindall said in her presidential address to the Association of Nursing Superintendents of India: "Become members for what you can give to the Association, to the profession, to each other, not for what you will get."

Then, too, the Alumnae Association should not be content to look merely to the benefit of its own members, but should be a source of strength and inspiration to the Provincial Association and to the National Association.

Can this be said of your Alumnae? If not, why not?

ORAL HYGIENE.

The importance of oral hygiene is coming more and more to be recognized. That its importance is not fully realized always is also apparent.

The article on "The Dental Aspect of Medical Inspection of Schools," by Dr. Doherty, which we reproduce from *The Public Health Journal*, strikes no uncertain note as to the value of dental care for the child, or, to put it more strongly, the necessity of dental care for the child.

The conservation of child life is the important work of to-day. If we would succeed in the great work of prevention, we must strike at the root of the evil. If the teeth of the child are kept in good condition, many of the germs that prey upon child life will not gain access to the

little body. Proper care in this direction, then, means happier, healthier, stronger children, and is, therefore, very much worth while.

The education of all who in any way have the care of children as to the need for this proper care will soon bring about a happier state of affairs for the child.

School nurses, private nurses, all nurses have a great opportunity here.

A PLEA FOR THE BABIES.

Edith J. Macrosty, writing in "The Woman's Platform" of *The Standard,* of December 26th, puts forth a strong plea for the medical inspection of babies. While recognizing the good work accomplished by medical inspection of school children, she calls attention to the fact that very many children never live to reach school age. Then, too, "the mischief that originated soon after birth is not easy to cure when it has had a five years' start unimpeded by doctor and nurse."

Medical Officers of Health and others have shown that a considerable portion of infantile sickness and death is quite unnecessary. "Children die because they do not receive proper attention and not because of inherited disease."

"For every poor child taken one is left behind permanently enfeebled. A quarter of the babies die before they are five years old, and another quarter reach the elementary school suffering from some ailment which might have been cured before the child's time began to be valuable. Three-quarters of the inmates in asylums for the blind are blind because of inattention in early life, and the eyes are not the only organs thus affected. Ears, heart, lungs, teeth, and stomach are all organs that need watching during the first five years, and the more care they receive then the less will they need later when the child is or ought to be occupied first with his education and then with his work.

"It seems, therefore, as though a system of inspection which only begins when the child is at school is not enough. We must have earlier superintendence, and though it would almost seem as though the nation were being too much mothered by medical officers of health, they would probably welcome a system of inspection which would enable them either to see every baby born in their district at least once every year, or to receive a medical certificate concerning its health.

"Very many of the medical inspectors of schools remark on the excess of clothing with which the children of the poor are overburdened. One boy had on a jersey apparently quite new, but although the weather was warm he had underneath another jersey which he had apparently outgrown and which was so tight that it rounded his shoulders and impeded his circulation. But for school inspection the cause of his discomfort might never have been discovered. The mothers are under

the impression that warmth round the lungs must be secured at any cost, and they wrap their children up in as many as seven thick layers of clothing. It is exceedingly probable that some, at any rate, of the indifference to strenuous games shown by elementary school children is due to their superfluity of clothing. Faulty clothing is a prominent factor in poor physical development, whereas the children who from poverty or other causes suffer from insufficient clothing have more sturdy frames because their lungs and chests have been left free to expand. In so small a matter as this, therefore, the inspection of children has already had a salutary effect."

"It is obvious that similar good results would follow from a systematic inspection of children below the age of five. It is quite true that the adoption of the Notification of Births Act, making notification compulsory within 36 hours, and the appointment of health visitors, in some districts has had splendid effects in reducing infant mortality, but inspection a month after birth and every succeeding year would aid the health visitors enormously.

"It is not lack of good will on the part of the mother that needs to be combated, but her ignorance, if, indeed, that can be called ignorance which is shared by a considerable number of intelligent people. There is hesitation in bothering a busy doctor when the child seems perfectly well, but the disinclination would disappear once inspection became compulsory."

MRS. McEVOY.

Our readers will remember the appeal made a year ago in behalf of Mrs. Fanny Wilde McEvoy, one of the first nurses to complete the course planned by Florence Nightingale in St. Thomas' Hospital, London, England.

Mr. and Mrs. McEvoy, who are both over eighty years of age, have had a happy, comfortable year, their simple wants having been adequately met by the kindness of nurses everywhere.

This kindness, we are assured, will not be allowed to lapse while Mrs. McEvoy lives, so we would just remind you that donations will be gratefully received on her behalf by Miss Charlotte A. Aikens, 722 Sheridan Ave., Detroit, Mich.

Make your gift doubly precious by sending it at once.

The dinner to Mrs. Bedford Fenwick, on December 14th, at Hotel Cecil, to commemorate her twenty-five years of faithful, strenuous, persevering work for the nursing profession was a great success. It could not have been otherwise.

Representatives of the different nursing organizations of Great Britain and Ireland were among the guests. Then, too, there was Mlle.

Danviray, who was specially delegated by the School of the Assistance Publique of Paris, and who was accompanied by four of the pupil nurses.

Two of New Zealand's State registered nurses were also present. Covers were laid for ninety.

It was a notable gathering to do honor to a notable leader in the nursing profession.

OUR SUBSCRIPTION LIST.

Have you made that New Year's resolution with regard to "The Canadian Nurse" of some effect and sent in the new subscription you were to get? A doubled subscription list for 1913 is what we want. It would help greatly, and it is quite possible. Every nurse owes it to herself and to the profession to support the journal in every possible way. This is one of the ways.

You will have seen by the business manager's report at the annual meeting that the subscription list is far below what it should be. This can only be remedied by each nurse doing her part.

Then let us have the inspiration of your assistance without delay.

President G. W. Mariott, of the Strathcona Hospital, now one of the four hospitals in Edmonton, has received a cheque for $25,000 from Lord Strathcona, as a token of appreciation at the institution being named after him.

Sir J. Sawyer says that in wasting disorders, in various forms of anemia, in adynamic varieties of rheumatism and in the neurasthenic manifestations of neurotic persons he has found the continued ingestion of cane sugar markedly beneficial, increasing weight and power, and appearing to act not merely as a nutrient, but also as a tonic.

The University of Colorado, Denver, has opened a course in Social and Home Service, intended as a preparatory course for nurses. The object of the course is to present nursing as a profession to the college student and to attract better educated women to the training schools. Many of the professors are deeply interested in the success of the course, notably the Dean of Women, Miss Bigelow. Entrance requirements and fees are the same as for students in the regular B.A. course. The subjects taken up are: First semester, anatomy and physiology, sanitary science, bacteriology, materia medica, principles of nursing, chemistry or general psychology, principles of economics; second semester, sanitary science, physiology, principles of nursing, chemistry, problems of sociology or educational psychology, social ethics. Louie Croft Boyd is the instructor in principles of nursing. Certain hospitals have agreed to give credit for work done in this course, thus shortening the time spent in training.—*The American Journal of Nursing.*

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p,m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

At this season of the year there is not much news to send from the branches of the Guild. The last meeting of the Montreal Branch was held on Tuesday, December 17th, when eight members and three honorary members were present, and we had the pleasure of having with us several visitors, i.e., two English nurses—graduates of Guy's Hospital—and another nurse who is a member of the American Guild of St. Barnabas. The Office was said in the chapel of St. John the Evangelist Church, and the Rev. Mr. Winter gave a short address. The party then adjourned to the parish house, where tea was served and a pleasant hour spent. Great regret is felt by the members of the Branch at the absence of the Superior, Miss Stikeman, who left for England in November, and will be much missed at our meetings. The annual meeting of the Branch will be held on Tuesday, January 21st, when it is hoped as many of our members as possible will be present.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey St., Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The members will confer a favor on the executive if each will send a suggestion for the annual meeting in May. The programme is under consideration, and we are desirous of including the subjects that will be most helpful to all.

The nurses of Peterboro are busy gathering in members and will organize their Chapter at once.

The Hamilton Chapter, which meets the fourth Friday of each month, is enjoying a splendid series of lectures this winter.

The London Chapter has not yet reported their plans.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-president—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carseallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The Alumnae Association held its regular meeting on Tuesday, January 7th, Miss Coleman, the president, occupying the chair. There was a fairly large attendance. At the close of the business session refreshments were served. We trust the Association will have some very interesting meetings during the year.

Miss McDermott has returned from Edmonton and is doing private nursing in the city.

Misses Wilkin and Kennedy spent the holidays at the former's home in London.

The friends of Miss Milne will regret to hear she is on the sick list at her home.

McBride-Cluff—On December 4th, 1912, at Clinton, Della Mae, second daughter of D. S. and Mrs. Cluff, to Dr. C. J. McBride, of Welland.

Burnett-Shearer—On Wednesday, December 25th, 1912, at Listowel, Elizabeth, daughter of Mr. and Mrs. John Shearer, to Robert Burnett.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Forteseue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The first meeting of the new year, held on January 14th, found several of the members unable to attend owing to sickness and bereavement. The president and members expressed condolence for Miss Tough, M.G.H., in the sad loss of her mother, and for Miss Smardon, who is ill, and mourning the pas-ing of her father. Wishes for a speedy and complete recovery were sent to Mrs. Burch, and to the secretary, Miss Forteseue.

Miss Vivian Peters and Miss Dunlop are gone to Winnipeg. Miss Thompson goes south at the end of the month.

Dr. Von Eberts gave an interesting and illuminating reading on the life and work of Hermann Von Helmholtz, who is accepted as the greatest authority on the sciences of optics and acoustics. The reading was made specially entertaining by the glimpses of his social and artistic, as well as professional, life.

The President and members warmly thank Dr. Von Eberts for having drawn their attention to this man of many and versatile talents, whose life and works call for a more intimate knowledge.

The retort, "He who fears to fall, should never try to rise at all," of that wonderful woman and sovereign Elizabeth, to Raleigh's timidly written, "I long to climb, but fear to fall," should give fresh incentive to those of us who have failed to grasp the courage and hope, born with the New Year, waiting to be taken and held.

A special meeting of the Executive Council of the Board of Governors of the Victorian Order of Nurses for Canada was held, December 19th, for the purpose of receiving the statement of Miss Pelly lady-in-waiting to H.R.H. the Duchess of Connaught, with reference to the fund which Her Royal Highness has raised for the Victorian Order of Nurses.

The fund, which now amounts to $221,000, was handed over to the Executive Council. It will be invested and the interest used for the purpose of extending all of the Order's activities.

Her Royal Highness's desire is that the money be used for the general expansion of the Order's work, but is espeeially anxious to have the work in the sparsely settlel parts of Canada developed.

It will be remembered that the supplying of nurses in the outlying parts of the Dominion has always been before the minds of the Board of Governors, and the Cottage Hospital Scheme, developed in 1900, and made possible by the fund collected by Lady Minto, was the first step in solving the nursing problem in the newer and more isolated parts of the country. Then, in 1909, the Lady Grey Country Nursing Scheme was inaugurated, but for lack of suffieient funds, the Board was very much handicapped.

Now, Her Royal Highness, with the energy, interest and enthusiasm which are making the First Lady in the land revered in Canada, has raised the above handsome sum, and the dream we had of a chain of nursing homes, across the continent, is near realization. We hope, before many more years have rolled away, that there will be no one, who is not within reasonable distance of a fully trained nurse.

Our Country Nursing Scheme will establish nursing homes throughout the length and breadth of the land, and these will be the distributing centres for fully trained nurses, as well as the headquarters of hygienic information.

HOSPITALS AND NURSES.

Miss Grace MacIntosh, Graduate of Victoria Hospital, London, Ont., Class '11, has accepted the position of District Nurse for the Associated Charities, Duluth, Minn.

Miss Norma E. Lamb, recent graduate of the Stratford General Hospital, has taken the position of Assistant in the Sherbrooke Protectant Hospital, Sherbrooke, Que.

Miss Scott, Superintendent of Nurses, Royal Columbian Hospital, New Westminster, B.C., visited a number of hospitals in the east so as to be able to advise the Hospital Board of the best equipment for the new hospital. Miss Scott is a Toronto General Graduate.

Miss Winifred Sare, M.G.H., '09, has returned to Montreal.

Miss Christina Watling, M.G.H., '09, has gone to her home in New Brunswick for a holiday.

Miss Gwen Nichol, M.G.H., '08, has accepted the position as School Nurse at Ashbury College, Ottawa.

Miss Batcheller, M.G.H., '11, who has been at Saranac Lake for several months, has returned to Montreal.

Miss Mary Shaw, M.G.H., '05, has been appointed Lady Superintendent of the Jeffrey Hale Hospital, Quebec.

We are sorry to hear Miss Alice MacIntosh, M.G.H., '05, is ill. She is a patient at the Montreal General Hospital.

Miss A. Rodd, R.V.H., who has been private nursing in Vancouver, is spending the winter in San Francisco.

A very jolly little dance was given in Lester Hall by some of the younger doctors and bachelors of the city for the staff and pupil nurses of the Vancouver General Hospital. Dr. and Mrs. Whitelaw chaperoned the gathering.

Miss Mildred Wilson, Graduate of Toronto Western Hospital, has resumed private nursing in Toronto.

Miss Jean Leach, Graduate of Toronto Western Hospital, Class '08, took a post-graduate course at Mount Sinai Hospital, New York City, and has been nursing in New York for the past two years, will spend the winter in Toronto.

South Vancouver proposes to have a hospital in the near future.

Hon. Henry Esson Young, M.D., Provincial Secretary and Minister of Education, laid, on the afternoon of December 11th, the corner-

stone of the new Royal Columbian Hospital, New Westminster; the third rebuilding necessary since the first Royal Columbian Hospital was declared open fifty years ago.

The new hospital will adjoin the old and will cost $250,000.

Mr. J. J. Johnston, chairman of the Hospital Board, presided.

After the Rev. J. S. Henderson had offered prayer, Mayor Lee went into some details about the institution and its finances. It would be one of the most complete and up-to-date hospitals to be found anywhere. The original plans had to be enlarged and he was afraid that in a short time the accommodation would be more than fully required. There would be 128 beds in the public wards, 18 in the semi-private wards, 24 in the private wards, 12 in the children's ward, 18 in the isolation wards, out of door beds, 2; a total of 202 beds for patients and another 26 for the staff. There will be two operating rooms, the main operating room and a smaller one adjoining it. The building will be of three floors and a basement, and the hospital site covers seven and a half acres.

During the proceedings, it was announced that Knox Church had decided to furnish and equip a private ward, to be known as the Knox ward.

The Hon. Dr. Young was accompanied by Mrs. Young, who received the guests at the tea, which followed in the Nurses' Home.

Miss Bertie Cliff graduated from Victoria Public Hospital, Fredericton, September 20th, and has taken up private work in Fredericton.

Miss Exa Gilbert graduated from Victoria Public Hospital, October 20th, and has gone to her home in Marysville, N.B., where she will do private nursing.

Miss Gertrude McKinnon will go to Boston in the near future to take post-graduate work at the Boston Lying-in Hospital. Miss McKinnon will be much missed in Fredericton, as she has proved to be a very successful private nurse.

Mrs. Mabel D. Richards, Superintendent Victoria Public Hospital, spent her vacation in Montreal and Ottawa, where she visited many of the larger hospitals. Mrs. Richards has just received her certificate and pin from Rhode Island, having passed the State Examination for R. N.

Victoria Public Hospital is to have a new X-ray in the near future, to cost $1,500.

Miss Annie L. Graham, Class '11, has taken the position of Night Superintendent of Pawtucket Memorial Hospital, Pawtucket, R.I.

The regular monthly meeting of the Alumnae Association of Vancouver General Hospital was held on December 3rd. There was a very

fair attendance and the nominations of officers for the ensuing year went briskly forward. The motion of chief interest passed was that proposing that Miss Randall, Superintendent of Nurses, V.G.H., be asked to act as honorary president. Refreshments and conversation closed the last meeting of 1912.

At the Alumnae meeting of the Royal Victoria Hospital, Montreal, for November, a most enjoyable evening was spent, when Rev. Dr. Symonds gave three readings from Dickens, "Dr. Marigold," "Boots" and "Little Dombey." Mr. Merlin Davis gave much pleasure by singing a most generous number of songs. He was accompanied by Mr. Farnham. It is the intention of the Alumnae Association to have the monthly meetings during this winter take the form of entertainment, the readings and leetures being on other subjeets than medicine.

Miss Wylie, Class '11 R.V.H., who has been doing private nursing in Montreal, has taken the position of Head Nurse in one of the men's surgieal wards in the hospital. Miss Oliver, Class '12, is in charge of one of the private wards.

Miss Byfield, Graduate of the Royal Victoria Hospital, Montreal, who is engaged in private nursing in New York, is at present visiting in Canada. Her old friends in the Alumnae Association are delighted to see her again.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Nurses' Club, 295 Sherbourne Street, Monday, January 6th, at 3 p.m., the Convener, Miss Mitchell, presided. Six members were present. Registrar's report for December, 1912, showed total number of calls to be 326, with 3 for visiting nurse and 2 cases helped by the extension fund. Nine nurses joined the Registry in December. Two applications were considered and accepted. The financial statement showed a total balance of $1,447.29.

The Alumnae Association of Toronto General Hospital had a very successful dance for its members on the evening of January 3rd, at the Club House, 295 Sherbourne Street. The Graduating Class of 1913 were the guests of the Alumnae, also the House Staff of the hospital. Every one voted the evening a most delightful one, and hoped the Alumnae would give another evening before the winter is over.

The monthly meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on Wednesday, December 4th, 1912. There was a good attendance. Four new members were proposed and accepted. There was a discussion on the advisability of admitting graduates from a certain private hospital in Vancouver to the Registry and Association. A committee was appointed to enquire into the matter, as

to lectures given in training school, length of training, etc. The ruling and applying of funds for the sick benefit society was then discussed, and the committee undertook to have the rules in order by the next meeting. The meeting then adjourned.

The members of the Girls' Auxiliary of the Vancouver General Hospital started recently on their annual sale of Red Cross seals. For several years the girls have taken this method of raising a part of their funds for their hospital work, and have been quite successful. This year they have a very pretty new design on their seal—a nurse within a wreath of holly. Three of the large stores in the city, Birk's, Spencer's and Drysdale's, have permitted the girls to use their stores. Owing to the shortage in general funds for the hospital, the girls have been working very hard to make their contribution as large, if not larger, than before, and they are hoping that their friends will remember the Auxiliary and the hospital at this season of the year.

Miss M. A. Burpee has left for Whitehorse, where she has accepted a position as Matron of the Whitehorse General Hospital.

During the Christmas season the Toronto Graduate Nurses' Club was quiet except for guests who made it their headquarters while doing their Christmas shopping, all going away delighted at having so quiet and central a place to stay.

A reception given to all graduate nurses in the city started the new year, and a large number of guests came to offer their greetings. Miss Mathieson and Miss McKenzie received the guests, Miss Brent, the president, being unavoidably absent. Mrs. Paffard, Mrs. Pellatt and Mrs. Fullerton were in charge of the tea room, which was very "Christmasy" with red and green table decorations and shaded candles. A pupil nurse from each hospital added to the effectiveness by their fresh bright uniforms, and were most attentive in looking after the wants of the many guests. Dr. Bruce Smith, Dr. Chambers, and our dear benefactor, Mr. J. Ross Robertson, were among the visitors.

The twilight musicales still retain their popularity, the number of guests growing on each occasion.

Miss Hersey, of Royal Victoria Hospital, Montreal, was a guest for tea at the Club, and was charmed and interested in it all.

Miss Fisher, Dean of McDonald College, Quebec, was a guest at the Club.

Miss Frazee, Assistant Superintendent of Children's Hospital, Halifax, was also a much interested visitor.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held at the Orthopedic Hospital, Friday afternoon, January 10th. There was a small attendance. Mrs. MacConnell, the president, occupied the chair. A committee was appointed for the nomination of officers for the coming year, and other business matters were attended to, after which half an hour was spent socially.

NEW NURSES' RESIDENCE AND REGISTRY, WINNIPEG.

The new Nurses' Rsidence and Registry, on Wolseley Avenue, Winnipeg, was formally opened in December, when a reception was given by Miss A. Creighton, the Superintendent, and Miss B. Andrews, the Registrar. Many of Winnipeg's most foremost citizens availed themselves of the invitation extended to them by the nurses and thoroughly enjoyed the reception.

The location for the new residence has evidently been selected after considerable thought. Situated as it is within three minutes' trolley car from Portage Avenue, and yet within only two minutes' walk from the Maryland Bridge, which here spans the Assiniboine River, separating the residential district of Winnipeg's wealthiest citizens by only a very few minutes.

The cost of the building, including the site, was in the neighborhood of $40,000. Here are rooms to accommodate sixty nurses, and not only does the residence provide accommodation for all nurses who require it while they wait their turn for cases, but incidentally it provides a great convenience to the public. When the services of the graduate nurse are required, all that is necessary on the part of the doctor or patient is to call up the Institution by 'phone and a nurse is sent.

The residence has all the most modern and up-to-date conviences, and yet is fitted up in a home-like fashion. The rooms are large and airy. On each floor are bath rooms, lavatories and linen rooms, and, having in view the climatic conditions during the summer months, spacious verandahs have been provided at the front of the building on each floor, from which beautiful views of the Assiniboine River and the surrounding residences and grounds are obtainable.

On the ground floor is a large and prettily furnished reception room containing a piano. Adjoining this is the dining room, and kitchens, while on the opposite side of the hallway is the Registrar's office, from which radiates telephone wires to all rooms throughout the building. In the basement is situated a large laundry and washroom. Each floor is fitted with a fire alarm, and each hallway leads to a fire escape, also on each floor is to be found a small gas heater, making it possible for nurses returning late at night to make a cup of tea and have a light lunch before retiring. In a word, nothing appertaining to

the comfort and well-being of those availing themselves of the advantages of the residence has been neglected by those responsible for its appointments.

Hon. Wm. Hespeler, President of the Nurses' Residence, His Honor D. C. Cameron, Hon. President, and Mrs. Cameron, attended the opening ceremony and reception. Tea was served by Mrs. Willerd Hill, Mrs. R. L. McTavish, Mrs. Hugh McKay, Mrs. C. W. Gordon, Mrs. R. T. Riley, Mrs. R. T. Ross, Mrs. A. T. Taylor, and Mrs. C. R. Ross, while Miss Fielder served the ices, etc.

"The Canadian Nurse" presents its compliments to Miss Creighton and Miss Andrews, and trusts that their efforts in connection with the inauguration and maintenance of the new Residence will meet with every success, and that the Registry will be a boon to the nurses, to physicians, and to the public.

THE MONTREAL FOUNDLING HOSPITAL.

The twenty-first annual report of the Montreal Foundling and Baby Hospital shows everything to be satisfactory except the building, and prospects for a new building in the near future are good.

The training school in connection with this Hospital is the only one of its kind in Canada. Here pupils get a thorough training in the care and feeding of infants and children up to four years of age. The course covers a period of one year.

The great demand for the graduates of this institution is a guarantee of their efficiency.

The following, from a page of the annual report, will give an idea of the instruction given and the work the nurses are trained to do:

Outline of Instruction.

The normal baby and its developments.

Physiology of infancy.

Hygiene of the nursery, ventilation, and out-of-door air, temperature, clothing, etc.

The hygiene of the hair, care of mouth, eyes, nose, etc.

Dangers of dust and dirt.

The baby's bath.

Weighing the baby.

Care of premature, weak and sick infants.

Food: breast feeding, mixed feeding, artificial feeding.

Care and preparation of milk (pasteurization and sterilization), care of bottles, nipples (frequency and quantity).

The infant's stools, significance of variation from the normal.

Use of thermometer.

Poultice making.

Nursery emergencies.

INFORMATION CIRCULAR.

Children's nurses wear the complete uniform while in the house.

They take entire charge, day and night, of an infant, or infant and one small child, washing napkins and small flannel pieces; but do not do their own washing.

They take care of the nursery, and do the mending as far as they are able.

They have their meals in the kitchen unless other arrangements are more convenient to the mistress.

Time off duty:—One afternoon and evening every other week, intervening Sunday evenings, and time on Sunday to attend church.

They are competent to meet simple nursery emergencies, but are not allowed to give medicine or in any way prescribe for a baby without a physician's orders.

Wages: Twenty dollars and upwards a month, and railway fare for those graduates taking out-of-town situations.

The graduates of the Toronto General Hospital Training School for Nurses are earnestly requested to send their addresses of residence to the Lady Superintendent.

THE CHRISTIAN IDEAL IN THE MEDICAL AND NURSING PROFESSIONS.

There are too many people who have no ideals, or whose ideals are low, and there are many who have ideals but no dynamic, no power to enable them to reach those ideals. This we find in the Christian ideal.

There is no need of the Christian ideal in our profession, for we are face to face with the problems of evil, disease, and pain, not as subjects for speculation, but as part of our practical lives. We are brought into touch with people who have fallen through no fault of their own, but who have been born into the world handicapped, and yet have to suffer the penalty of outraged and relentless law. And as we see that penalty in different lives, we may be tempted to blame God. Hence the need of the Christian ideal. Professor Osler's ideals are these:

1. Always do to-day's work to-day, and leave to-morrow's to itself.

2. Try to practice the Golden Rule.

3. Be always calm.

But these ideals are too slow for us. So we take the ideals of Christ, The Great Physician.

MARRIAGES.

SAMUEL-PARKE—At St. Faith's Church, Edmonton, Alberta, on December 11th, 1912, Miss Charlotte Parke, Graduate of Dauphin General Hospital, '10, to Mr. Albert E. Samuel, of Edmonton, Alberta.

RYNARD-MACKAY—At Hespeler, Ont., on December 18th, 1912, Miss Margaret Mackay, Graduate of Toronto General Hospital, to Mr. William J. Rynard.

BOYD-STRONG—In Winnipeg, on December 15th, 1912, Miss Caroline Strong, Graduate of the Hospital for Sick Children, Toronto, to Mr. John Boyd, of Moose Jaw, Sask.

SOMERS-SHIELDS—In Toronto, December, 1912, Miss Molly Shields, Graduate of Toronto General Hospital, to Mr. Gordon Somers, of Haileybury, Ont.

KIDMAN-KNOWLES—At London, Ont., on December 25th, 1912, Miss Margaret Knowles, Graduate of Toronto Western Hospital, Class '09, to Mr. Alfred Kidman, of Woodstock, Ont.

RANKIN-MACMURRAY—At Belleville, Ont., on December 18th, 1912, Miss Kathleen MacMurray, Graduate of Toronto Western Hospital, Class '08, to Mr. J. Percy Rankin, of Belleville.

TROLLOPE-WOODLAND—On December 26th, 1912, Miss Tottie Woodland, Graduate of Toronto Western Hospital, Class '11, to Mr. Robert Trollope, of Toronto.

CAMPBELL-GEDDES—In Toronto, on November 2nd, by Rev. S. H. Gray, Roscoe Campbell, M.B., son of Dr. and Mrs. A. J. Campbell, Gravenhurst, to Jean Geddes, only daughter of Mr. and Mrs. Wm. Geddes, Port Elgin, Ont. Miss Geddes is a Graduate of Toronto General Hospital.

GREENHAM-JOHNSTONE—On September 25, 1912, Miss May Johnstone, Graduate of Toronto General Hospital, to Mr. Robert Greenham.

"Mere democracy cannot solve the social question. An element of aristocracy must be introduced into our life. I do not mean the aristocracy of birth or of the purse, or even the aristocracy of intellect. I mean the aristocracy of character, of will, of mind. That only can free us."—*Ibsen.*

THE NURSES' LIBRARY.

BACTERIOLOGY AND PATHOLOGY FOR NURSES—By Jay G. Roberts, Ph.G., M.D., of Oskaloosa, Iowa. 12mo, of 206 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Canadian agents, the J. H. Hartz Co., Ltd., Toronto. Cloth, $1.25 net.

The author says: "This work is the result of several years' experience in teaching the subjects of bacteriology and pathology to nurses."

Nurses, pupils or graduates, will welcome this clear, concise treatise which enables them to keep up-to-date in these subjects. The chapters on serum therapy and vaccine therapy, serum diagnosis, anaphylaxis, contain a fund of knowledge. See that this work is added to your professional library.

FIRST-YEAR NURSING—A text-book for pupils during their first year of hospital work. By Minnie Goodnow, R.N., formerly Superintendent of the Woman's Hospital, Denver; Directress of Nurses of Milwaukee County Hospital; Superintendent of Bronson Hospital, Kalamazoo. 12mo. of 328 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Sole Canadian agents, the J. F. Hartz Co., Ltd., Toronto. Cloth, $1.50 net.

The author here covers very carefully and in detail the work of the pupil during her first year. Some chapters—obstetrics, care of babies, etc.—might be said to properly belong later, but the author claims that "smaller hospitals are often compelled to call upon their younger nurses for assistance in these lines of work."

The first chapter deals with nursing ethics, and gives the pupil a clear idea of her duty in her new position. The chapter ends with a list of review questions. This plan is followed throughout. The book will commend itself to every nurse teacher.

ELEMENTS OF ANATOMY AND PHYSIOLOGY—By W. Bernard Secretan, M.B. (Lond.), F.R.C.S. (Eng.), L.R.C.P. Second edition. Revised. Crown 8vo. The Scientific Press, Ltd., 28, 29 Southampton St., Strand, London, W.C., England. Cloth, 2/ net, 2/3 post free.

This book is written especially for pupil nurses, but is very elementary. Nurses need a thorough knowledge of these subjects, and would require a fuller text-book.

MASSAGE AND THE ORIGINAL SWEDISH MOVEMENTS; THEIR APPLICATION TO VARIOUS DISEASES OF THE BODY—By Kurre W. Ostrom, from the Royal University of Upsala, Sweden. Seventh Edition, revised and enlarged. With one hundred and fifteen illustrations. P. Blakis-

ton's Son & Company, 1012 Walnut St., Philadelphia. Price, $1.00 net.

This book includes lectures before the Training School for Nurses connected with the Hospital of the University of Pennsylvania, German Hospital, Woman's Hospital, Philadelphia Lying-in Charity Hospital, the Philadelphia Polyclinic and College for Graduates in Medicine, and the Kensington Hospital for Women, Philadelphia.

This at once demonstrates the value of this splendid work. The nurse desiring to study massage will be delighted with this volume.

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES—By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynacologist New Jersey Training School, Vineland; formerly Adjunct Professor of Anatomy, and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training School for Nurses, New Haven, etc. Second edition, revised and enlarged, with a glossary and 215 illustrations, 42 of which are printed in colors. P. Blakiston's Son & Company, 1012 Walnut Street, Philadelphia. Price, $1.75 net.

The author has given to the profession a very valuable work in which the subject matter is clearly and interestingly presented, and illuminated with particularly good illustrations. The colored plates greatly assist in mastering the circulatory and nervous systems.

The author has, by the association of structure and function in the various parts of the body, greatly facilitated the work of the student.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, including a section on Physiologic Apparatus.—By Albert P. Brubaker, A.M., M.D., Professor of Physiology and Medical Jurisprudence in the Jefferson Medical College; formerly Professor of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Physiology and Hygiene the Drexel Institute of Art, Science and Industry. Fourth edition, revised and enlarged, with 1 colored plate and 377 illustrations. P. Blakiston's Sons & Company, 1012 Walnut Street, Philadelphia. Price, $3.00 net.

This is a very full and complete treatise on this subject and is, perhaps, rather for the use of the medical student than for the nurse. The nurse, however, who desires to supplement the knowledge gained in the training school will be well repaid for time spent on this volume. Full, clear, definite knowledge is always a valuable asset. You can secure it here.

The Brickbuilder for 1913 will contain, among many interesting new features, a series of articles on "Practical Details in Hospital Plan-

ning and Equipment," by Miss M. G. McCalmont, R.N., hospital specialist and consultant.

The articles will deal with the Hospital and the Patient; Administrative Section; Hospital Ward Unit; Operating Suite; Service Building; Nures' Home; Laboratory; Dispensary; Laundry; Plumbing.

Miss McCalmont's success in her chosen specialty is widely recognized and gives the force of authority to her advice. Her articles will furnish valuable reading for boards who are planning hospital building or extension.

HOSPITAL SISTERS AND THEIR DUTIES. By Eva C. E. Luckes, Matron of the London Hospital; author of "Lectures on General Nursing," Fourth edition, thoroughly revised. The Scientific Press, Limited, 28, 29 Southampton St., Strand, London, W.C., England. Price 2/6 net.

This new edition has been thoroughly revised and much of the matter rewritten. It is a most carefully prepared treatise on nurses' deportment, no detail being considered too trivial to be noted. This careful attention to detail gives the book a unique place and makes it very valuable to all nurse teachers, in fact, to all nurses.

That the work has been translated into French and German by those who are interested in the development of trained nursing in those countries, shows the demand for it.

The Twelfth Annual Report of the Canadian Association for the Prevention of Tuberculosis is a volume which everyone interested in the Anti-Tuberculosis Campaign will do well to read. The reports of the sanatoria of Canada, the valuable papers given at the annual meeting in Toronto, May, 1912, together with the verbatim report of that meeting, will repay careful perusal by increased knowledge and encouragement to perseverance in the good work.

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Regular meeting, second Tuesday, 3 p.m.

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Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

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Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

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Regular Meetings—First Thursday, 8 p.m.

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HOSPITALS AND TRAINING SCHOOLS OF CANADA.

SASKATCHEWAN

Hospital—The General, Maple Creek.
Established—1904.
Superintendent of Hospital and Nurses—Edith F. Macey.
Number of beds—Twenty-four.
Graduate nurses on staff—Two.
Pupil nurses—Two or three.
Term of training—Three years.
Branches of training—Medical, surgical, obstetrical.

Hospital—Queen Victoria, Yorkton.
Established—1902.
Registered—Regina, 1902.
Superintendent of Hospital and Nurses—Helen S. Walker.
Number of beds—Thirty-five.
Graduate nurses on staff—Two.
Pupil nurses—Five.
Term of training—Three years.
Branches of training—General.

ONTARIO.

Hospital—General, 43 Water St., Ottawa.
Established—1845. Registered in Ottawa, 1859.
Superintendent of Hospital—Sister Mary du Sauveur.
Superintendent of Nurses—Sister St. Josaphat.
Number of beds—Three hundred.
Graduate nurses on staff—Twelve.
Pupil nurses—Forty-five.
Term of training—Three years.
Branches of training—General nursing, obstetrics and surgery.

Hospital—The County of Carleton General Protestant, Rideau St., Ottawa.
Established—(Training School), 1890.
Registered—1904, in New York State Educational Department.
Superintendent of Hospital—D. McD. Robertson, M.D.
Superintendent of Nurses—Mary A. Catton.
Number of beds—One hundred and thirty-five.
Graduate nurses on staff—Three.
Pupil nurses—Forty-seven.
Term of training—Three years.
Branches of training—Medical, surgical, orthopaedic, gynaecological, maternity, opthalmic, emergency, children, contagious.
Affiliations—Ottawa Maternity and Contagious Hospitals.

Hospital—Lady Grey Tuberculosis, Carling Ave., Ottawa.

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Superintendent of Hospital—Dr. J. K. M. Gordon.
Superintendent of Nurses— J. K. Argue.
Number of beds—Forty-five.
Graduate nurses on staff—One.
Pupil nurses—Nine.
Term of training—Three years.
Branches of training—Tuberculosis, with nine months' general training.
Affiliations—Bellevue and Allied Hospitals, New York City.

Hospital—St. Luke's General, Elgin and Frank Sts., Ottawa.
Established—1898. Registered—1898, in Toronto.
Superintendent of Hospital and nurses—Emily S. Maxwell.
Number of beds—Eighty.
Graduate nurses on staff—Two.
Pupil nurses—Twenty-eight.
Term of training—Three years.
Branches of training—General training, ear and eye work, maternity and contagious diseases.
Affiliations—Maternity and Isolation Hospitals, Ottawa.

Hospital—Toronto General.
Established—1817. Incorporated by Act of Parliament of Ontario in 1817.
Superintendent of Hospital—Dr. C. K. Clarke.
Superintendent of Nurses—Robina L. Stewart.
Number of beds—Four hundred and two.
Graduate nurses on staff—Twelve.
Pupil nurses—One hundred and twenty-one.
Term of training—Three years.
Branches of training—Medicine, surgery, gynaecology, obstetrics, dietetics, eye and ear, nose and throat.
Affiliations—Hospital for Sick Children, Toronto, for three months' training; University of Toronto.

Hospital—Hospital for Sick Children, Toronto.
Established—1875. Registered in Albany, N.Y., 1905.
Superintendent of Hospital and nurses—Louise C. Brent.
Number of beds—One hundred and eighty.
Graduate nurses on staff—Four.
Pupil nurses—Sixty.
Term of training—Three years, four months' preliminary course.
Branches of training—Medicine, surgery, orthopedic surgery, infection, obstetrics and gynaecology.
Affiliations—Toronto General Hospital and Prospect Heights, Brooklyn.

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THE OVERSTRAIN OF NURSES.*

By Miss Margaret Breay, Treasurer, International Council of Nurses.

The question of the overstrain of nurses is a complicated one, for, under the most favourable conditions, we have elected to adopt a profession in which strain is the rule rather than the exception, and this, not from any want of consideration on the part of employers, but because the needs of the sick, day and night, Sunday and week-day, are unceasing. Having deliberately shouldered a heavy burden, we must expect to feel its weight, and those who regard nursing merely as an easy means of earning a livelihood, while their real interests—philanthropic, social, or frivolous—are elsewhere, had better remain outside the profession, for nursing is a stern and jealous mistress, demanding many sacrifices from those who owe her allegiance. But these very fates make it incumbent upon those responsible for organizing the work of nurses to insure that the burden is eased as much as possible; that, though occasional overstrain is inevitable, it is not constant or necessitated by the conditions of work, and that good food and sufficient time for rest and recreation are ordinarily assured to them.

Let us consider in detail some of the directions in which overstrain is likely to occur.

To many probationers the regularity of routine is vexatious. To work by the clock; to get up and go to bed at a prescribed hour; to go on and off duty to the moment; to do the same thing at the same time each day—all this is irksome to most modern girls, who gird at the sense of compulsion, feel driven by the continual need of being up to time, and overstrained by the necessity of complying with the inexorable demands of a life of routine. But as time goes on they find that it is only by strict conformity to routine that their work can be accomplished, and that method and regularity are their greatest source of strength. In support of this we may compare the work of the nurse—at any rate, in institutions—its regular hours and definite time off duty, with that of the midwife, the strain of whose work is found, not in the actual duties performed, though they are onerous enough, but in its irregularity. The

*Presented to the International Congress of Nurses, Cologne, August, 1912. Reproduced from *The British Journal of Nursing.*

uncertainty of the calls, the constant tension, the strain of night as well as day work, and the frequent lack of sleep—for these reasons many nurses who can successfully undertake ordinary nursing, break down if they attempt midwifery.

A fruitful source of overstrain is the inequitable endeavour of some hospital authorities and private employers to extract work from their nurses to the utmost limit, without giving a due equivalent in training or in cash. Women's labour is cheap and plentiful; when some fall out of the ranks others are ready to take their place, especially in the ranks of hospital nurses. But it is not only wrong, but stupid, to reduce one set of people to ill-health by overwork in order to restore another set to health, and the just employer will realize that he has obligations as well as rights, chief amongst them that of safeguarding the health of the workers for whom he is responsible.

Nothing is a more fruitful source of overstrain than lack of knowledge. Knowledge gives confidence and a sense of power to deal with difficult situations which is otherwise unattainable, hence the responsibility resting upon hospital authorities to provide adequate instruction and experience for their pupils. Only last year, at an inquest which occurred into the circumstances of the death of a patient at a leading London hospital, in which the night nurse had administered an ounce instead of a drachm of morphia draught, the nurse informed the jury that the nurses were not trained as to fatal doses of poisons—they had to find that out for themselves. Again, where the term of training is inadequate, and the experience of the nurse in consequence insufficient, overstrain occurs. Take the instance of a nurse sent out from the private nursing staff of a large hospital to a case of enteric fever, when she has never nursed or even seen one during her brief training; happily the patient recovered, but at what cost of mental anxiety and overstrain this nurse cared for the case she alone knows.

Conscientiousness, again, adds to the strain on the worker—a strain unknown to worthies of the type of Sarah Gamp and Betsey Prig. You remember Betsey's instructions to her colleague when handing over her patient for the night: "The easy chair ain't soft enough. You want his piller." The tension through the long night hours on the nurse sensitive to every need of her patient, alert to every change, questioning herself if she has done all in her power for his welfare, in nowise affected such self-indulgent callous workers, who were untouched also by the exhaustion consequent upon the claims of sickness on a sympathetic nature, which suffers in unison with those whom it serves.

Again, there is the overstrain of systematic overwork. Occasional overwork, caused by the inevitable stress of the situation, is cheerfully endured by any nurse worthy of her vocation, and combated by rest and relaxation between cases when the strain is over. For this reason

the practice of employing nurses in the wards of a hospital between private cases is to be deprecated. The nurse who goes from one acute case to another, where her rest is broken and her sleep limited, needs a few days between them to recover physical, mental and spiritual poise, and it is short-sighted policy to make her do ward work until the next call comes, perhaps for night duty with an anxious case at the end of a hard day's work. Should a nurse need to bring her knowledge up to date, surely she should be taken off private duty and return to hospital for a definite period.

Then there is the overstrain resulting from the callous and deliberate sweating of nurses for money-making purposes, an example of which is to be found in the case of a nurse employed at a salary of some £30 a year by the proprietress of a private nursing home, who charges patients as much as twenty guineas a week. This nurse was required to do five hours' massage daily, and when she represented to her employer that it was impossible to get it in, and that for days she had not been able to go down to dinner, she was told that that was her affair. The nurse confided to a friend the temptation to commit suicide. There is no excuse for such deliberate sweating to satisfy an employer's greed of gold.

Few persons realize that while the ordinary able-bodied man considers eight hours a day, with a weekly half-holiday, besides a day of rest on Sunday, constitute a good week's work, at least ten to twelve hours a day for seven days a week, or nights, when the strain is increased, is expected of most nurses. Indeed, nursing is one of the most exacting callings in this respect, yet no one has ever suggested for this reason that it is not women's work. Nursing is universally regarded as essentially a calling for women. It is therefore illogical to close the doors of any other profession against them on the ground of its strenuousness.

Another cause of overstrain is poverty. Nurses, when in institutions, usually receive minute salaries, out of which they have not only to defray their personal expenses and put by for the days when they can no longer work, but also frequently assist relatives more or less dependent upon them, and this lack of funds unquestionably is a factor in causing overstrain. District nurses, again, are often very poorly paid, and it is quite usual in England to see an advertisement for a district nurse at £50 to £60 a year, out of which she is required to maintain herself. Here underfeeding inevitably comes in as a factor in the consequent overstrain, as well as the lack of personal comfort, for this is unattainable on such a pittance. I say "comfort," but "necessities" would be the more appropriate word—for a cheerful fire, a warm bath, hot appetizing food are among the necessities of life when, wet, footsore, and weary, a nurse returns home at the close of an anxious day's work; but, at the above rate of pay, she must either get them for herself or

for the most part go without, as her income will not admit of the luxury of attendance.

Mental nursing has its own special form of strain, caused by constant contact with the insane, and the need for unceasing watchfulness lest the patient should harm himself or attack those about him.

Again, there is the strain on a sensitive, sympathetic woman of contact with the tragedies of the under side of life, of the knowledge of conditions of life which make purity, and even decency, well-nigh impossible. Who is the more to blame when young men and young women lodgers are accommodated in the same room—because of the exorbitant rent demanded by the slum landlord—when the illegitimate child is born, the parents or the landlord? How can such conditions be remedied? How can preventable diseases, such as syphilis, be eradicated, and every child ensured its right to clean birth? The thoughtful nurse is brought right up against these and many kindred problems, and feels the consequent strain. True, the one who goes through the daily routine oblivious to these problems, unconcerned with them, escapes this particular form of strain, but she is not a nurse of the most desirable type. The need of the sick is for the care of human, tender, sympathetic women, not of machines.

Another form of overstrain—not to be justified, but still one which must be taken into account—is that caused by the attempt to nurse and lead an ordinary life of pleasure at the same time; to regard nursing as a means to an end; to put in so much time in hospital wards, or a sick room, while the real interests of life remain outside. Nursing is an exacting task-mistress, and inevitably and rightly avenges herself on those who attempt to depose her from her position as absolute monarch.

Unquestionably our duty is to guard against overstrain. A patient's first need is a nurse with freshness and vitality. Drowsiness, lack of alertness, tiredness, as a result of taking time for personal enjoyment from the hours allowed for sleep, are inexcusable, and indicate a want of conscientiousness which may show itself in other directions.

Further, nurses have a duty to themselves, and it is futile to insist upon the importance of the rules of hygiene to others and deliberately ignore them all oneself, although I admit, especially in these days of high pressure, that it is far easier to preach than to practise.

To sum up, it is our duty as nurses, in the stress of emergency, deliberately and willingly to risk overstrain. It is the duty of employers, public and private, to refrain from overtaxing the eager and willing worker, and to ensure that, under normal conditions, the work of nurses is so arranged that they have sufficient time for sleep and recreation, comfortable quarters, and good and appetizing food. The possibilities and probabilities of overstrain are increased in countries where the nursing profession is unorganized, and therefore liable to be overworked

and underpaid. Experience proves that with organization, under State authority, comes increased recognition of the honourable and arduous nature of a nurse's work, better conditions of labour, more adequate remuneration, and therefore better service for the sick.

Lastly, we know that, for better, for worse, the nursing profession owns our whole-hearted allegiance, and that we would not exchange our chosen vocation for any other in the world.

THE SUPPLY OF PUPIL NURSES AND NURSING STANDARDS.

Frederick A. Washburn, Resident Physician.

Louis H. Burlingham, Asst. Resident Physician, Massachusetts General Hospital, Boston, Mass.

Our first proposition is that there is a widespread scarcity of pupil nurses and of probationer candidates. All our reading is confirmatory of this, and we feel that no one will disagree with us when the whole field is considered. The most evident reasons for this condition seem to us to be the following:—

I. The fields of activity open to women have been, and are, increasing, (a) in number, and (b) in desirability.

II. The number of hospitals has been rapidly increasing.

These reasons are so evident that we do not consider it necessary to present any arguments to establish them. Our problem is to determine the best way to meet these conditions.

I. (A) We know of no way of reducing the number of fields of activity open to women, and do not consider that this would be in any way advantageous.

(B) Nor do we know of any way of decreasing the desirability of the other lines of work open to women, but as we advocate strongly entering into competition with other vocations by increasing the attractiveness of the field of nursing. We would do this by

(a) Raising the whole standard of the profession in

(1) The educational requirements for admission;

(2) By registration;

(3) By proper classification.

Whether one considers trained nursing a profession or not, does not seem to us a matter of vital improtance. All agree that the calling is highly honourable and most useful.

(1) We believe that it is a fact that the general esteem in which a vocation is held increases in direct ratio with the educational standards of that vocation. We may cite as an example the old-time barber-surgeon as compared with the member of the medical profession of the present day.

(2 and 3) Registration and classification will have a beneficent in-

fluence on nursing by establishing it on a more definite basis, for it will make it necessary for anyone who wishes to be registered to conform to a certain standard. It will also make it necessary for training schools to arrange their curricula and work so that the required specifications be met. We believe that registration should be compulsory, as a protection both to the public and to the nurses themselves. For the benefit of all concerned there should be grades, thus permitting the recognition of more than one standard of training school, as, for example, special schools and schools for attendants.

(b) Inasmuch as training schools are the feeders for the nursing profession and a necessary and important preliminary through which every trained nurse must pass, it seems perfectly logical that they should be improved in our attempt to increase the attractiveness of the nursing field as compared with others. Our aim in general would be to give a fairer return for value received. This should not be by increased pay necessarily, but by

(1) Diminishing drudgery. A certain amount of cleaning, polishing and sweeping is commendable, as it makes for knowledge, thoroughness and discipline, but nurses should not be kept doing a maid's work as a regular routine. It is acknowledged that there is no cheaper way to have nursing in a hospital done than through a training school. For that very reason a parsimonious policy should not be pursued, but a just one. In this, as in many other matters, if each party to a dispute believes in the fair-mindedness of the other, there will be either a quick settlement of the difficulty, or no difficulty at all. A diminution of drudgery will allow more opportunity in a given time for

(2) Teaching, both (aa) practical and (bb) theoretical, which will redound to the benefit of the hospital through improved care of the patients and of hospital property, and of the nurse through the better mental preparation she will receive. (cc) Nor should opportunities for culture be overlooked. Pupils in training should be advised and directed as to the best utilization of the opportunities at their disposal in music, art and literature, and in many cities their opportunities are very considerable.

(3) Another way to attain this end will be by paying more attention to nurse welfare. Efforts in this line may be in several directions.

(aa) The hours of duty should be reasonable. Once a nurse has become accustomed to her work, she should not be so tired at the end of her day that her only desire is for her room and bed. She should have enough energy remaining in store to permit of her doing such mental work as is needed in the preparation of her recitations, attending lectures and demonstrations, and for healthful amusements. We feel that the proper daily period of duty for the day-nurse is much nearer eight than twelve hours.

(bb) There should be enough nurses in training, and their work should be so arranged that there will always be enough nurses on duty in the wards.

(cc) The health of the pupil nurse should be well guarded. No candidate should be taken as a probationer until she has had a reasonably thorough medical examination. During the course of her training the nurse should feel that any reasonable physical complaint will receive proper attention. Work in the wards calls for a considerable amount of physical exertion, but we believe that a "setting up" drill at regular intervals may, nevertheless, be of definite value.

(dd) Housing the nurses is a problem which in many cases does not receive the attention that it should. Nurses should be quartered in a separate nurses' home, that there may be some change of atmosphere. It goes without saying that the location should be healthful and not too close to the hospital, that each nurse should have a room to herself, and that there should be some suitable place where she may entertain her friends.

(ee) Food should be plain, simple and wholesome; but it should be well prepared, well served, and of sufficient variety to avoid monotony, the great bane of institutional living.

(ff) It is well that nurses have a reasonable amount of amusement, some of which may be in the hospital. A certain amount of "Spartanism" in the nurses' training is most valuable, but it must not be unmitigated. The nurse who remembers no bright spots in her course of training is not likely to advise her relatives and friends to enter her training school. And this brings us directly to the

(C) Valuable results which come from making known to women in high schools and colleges the advantages of the vocation of trained nursing. This may be done by charts such as those prepared by the Educational Committee of the Women's Municipal League of Boston, by members of the training school staff addressing bodies of students, and by the circulation of the training school annual report.

As an example of the results which may be obtained by an attempt to follow out the tactics which have been outlined may be instanced the case of the Massachusetts General Hospital. Not so many years ago there was considerable difficulty in keeping the number of nurses up to the needed standard. Recently there has been no such difficulty, and the educational qualifications of the probationers have markedly improved. During the present year the requests for application blanks have increased from seventy-one in the month of January to one hundred and forty-four in the month of August, and the number filled out and returned, from thirteen to twenty-six in the same months. The preliminary educational qualifications of the fifty-five accepted applicants

waiting for admission to the Training School as probationers are as follows:—

Sixteen have studied at fourteen colleges, and among them are graduates of Vassar, Wellesley, Mt. Holyoke, Chicago and Radcliffe.

Five prepared at four academies.

Five are normal school graduates.

Two have attended seminaries.

Two have attended institutes.

Ten have taken the nurses' preparatory course at Simmons College, seven of this number being high school graduates and three having attended private schools.

Six are high school graduates.

Five are high school graduates who have in addition taken private lessons in sciences.

Two are high school graduates who have taken part of a normal school course.

One is a high school graduate who has taught for some years.

One has taken a year's nurses' preparatory course at another hospital after previously attending private schools.

The minimum educational requirement is a four years' high school course, or a good equivalent; also a knowledge of elementary chemistry, anatomy, physiology and bacteriology.

While laying so much stress upon the educational qualifications of candidates for the training school, we do not wish it understood that the regularly considered requirements of good health and physique, intelligence, good moral character, common sense and a natural aptitude for the work, are to be in any way lightly passed over. The educational requirements should be distinctly in addition to those other qualities which are so necessary.

II. It is legitimate to oppose the founding of hospitals, or the establishment of training schools in hospitals of the following classes:—

(1) Those not well located, chiefly on account of the small district from which they draw, and hence the narrow clinical experience.

(2) Those lacking sufficient financial resources. In such hospitals patients cannot be attended according to the best methods, nor can the nurses be properly cared for either mentally or physically.

(3) A hospital with an incompetent staff is a distinct disadvantage to the community as well as to the nurses who are mistrained in it.

(4) If a hospital does not have a large enough number of beds, the clinical experience of the nurses trained may be too limited.

(5) A hospital which is run merely as a business venture should not maintain a training school unless it can prove that it complies with the best standards. Inasmuch as it is maintained solely for the profit of its backer, or backers, it is not so likely that its policy toward its

nurses will be liberal, but purely to obtain the most service at the least cost.

(6) Special hospitals, unless the course of training is rounded out by suitable affiliations, should not maintain training schools, as the work will be in too specialized a field.

There is no way, under our present laws, in which many hospitals such as those we have just described can be prevented from training nurses, but probably many such training schools will die "of natural causes"; that is, those who are contemplating becoming nurses will discriminate so generally against them that they will have no candidates.

We are entirely in accord with the report of a special training school committee of the American Hospital Association in standards set for training schools of qualifications necessary for admission as probationers, duration of course, courses of study, and classes of hospitals which should maintain training schools. We believe, however, that a hospital of twenty-five beds is too small for the maintenance of a training school, and again affirm that small and special hospitals can to their own advantage, the advantage of their patients, the community and the individual, train attendants.

In the matter of attendants we wish to state our belief that for the safety of the community they should be allowed to work only under the supervision of trained nurses, or that they be allowed to care for certain classes of cases only.

We have not treated the subject of our paper in the minute way which the title assigned may seem to allow, as we prefer to consider the chief principles involved. In closing we may state briefly, in another way, our view of the subject as follows:—

We hold that shortening the length of the course of training, or lowering the standards of admission to the training school, are retrograde, and against the best interests of hospitals, patients, nurses and the community.—*The International Hospital Record.*

ANTI-TYPHOID VACCINATION IN THE WINNIPEG GENERAL HOSPITAL.

After reading a report by Richardson and Spooner on the "Incidence of Typhoid Fever in the Massachusetts General Hospital," which appeared in 1909, it occurred to us in the laboratory that the number of cases of typhoid amongst the staff of our hospital was far too large.

A study of the records showed that for the period 1901-1910 an average of seven cases of typhoid had occurred each year amongst the staff, with an average yearly death rate of one. Of this number, about five per cent. were nurses; these were on duty in the medical wards and were usually probationers or juniors.

A nurse in a hospital is eight times more liable to contract typhoid than anyone else in the community, and the type so contracted is more than ordinarily severe.

Such good results were reported by Richardson and Spooner after the use of anti-typhoid vaccine, that we decided to make some and use it ourselves. The first vaccine was prepared in September, 1909, and the first doses administered to volunteers from amongst the house surgeons; five persons in all received vaccine that year.

In 1910 scarcely anything was done in connection with this movement.

Early in 1911 a compaign of publicity was started; addresses were given to the nurses; the orderlies were informed of the advantages of immunization, with the result that all the house surgeons, nearly all the nurses, and a few of the orderlies, received the full course of treatment extending over three weeks.

What was the result? For the first time in the history of the training school, no case of typhoid occurred among the nursing staff.

In 1912, besides all the probationers, the orderlies, maids and cleaners were vaccinated, and so far this year we have not had a case of typhoid develop amongst any of our hospital employees, with one exception, although we had 80 cases in the wards at one time during the summer. The exception noted above was the case of a senior nurse, who was off duty for some three weeks with slight temperature, general weakness and anorexia. Although she had received anti-typhoid vaccine, her condition was diagnosed as typhoid, but we were unable to confirm it by bacteriological methods.

Up to date some 260 persons have been treated; it is true that some of them were quite sick after their treatment, but what is a little discomfort if one can avoid a severe illness?

In this hospital it is becoming an understood thing that every newcomer, whether nurse or house surgeon, is not a member in good standing in the community till he receives his anti-typhoid vaccine.

A. J. L.

AN ADDRESS READ AT THE ANNUAL MEETING OF THE SOCIAL SERVICE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL.

By Alfred K. Haywood, M.B., M.R.C.S., L.R.C.P., London.

It is now nearly 200 years since the first dispensary was established in England. How slowly it must have developed when we consider its age and compare its advance with that of the hospital from which it sprung. "The proposition to establish a hospital rarely meets with

Reproduced from *The Journal of Preventive Medicine and Sociology*, Toronto.

opposition, while a like proposition with regard to a dispensary almost uniformly is received into a community with disfavour." But the time has come at last when dispensaries are being talked of, new ones built, and those already in existence perfected and respected.

The greatest factor in the advance of the dispensaries is that its primary object, that of taking care of the needy poor, has been systematized and regulated in such a manner that not only the patient is benefited, but all those interested in the dispensary, namely, the patient, doctor, community and university, if the dispensary is fortunate enough to be connected with some teaching institution. I say the doctor advisably, for too many physicians have used their appointments purely for personal gain, disregarding all opportunities for service to humanity or the community. In such clinics patients are but grist for the mill.

In the unfortunate men, women and children who come to our clinics there surely must be something that charity, sociology or public health will find worth the working, that the gain to society may be the greater. But then, on the other hand, to the conscientious physician is given material in abundance for study and research. For is it not true that some of the greatest findings in the field of medicine have arisen from the observations on patients who present themselves and their afflictions for aid and study at the door of the dispensary.

To the community comes not the least of these benefits. For how much greater is the gain to be derived from treating a patient in the dispensary than maintaining him in a hospital? Ward work deals mostly with isolated cases after the disease is in full swing; it cannot be radical, fundamental or preventive like dispensary work. I will deal later with the methods by which this can be done.

It is to the advantage of the dispensary to be connected with some teaching college. Everyone now agrees that where teaching is done the work of the hospital and dispensary is infinitely more careful, more thorough and of a higher standard, than where the physicians have not the keen minds of the students to check up the conclusions and criticize the methods. The time is not far distant when hospitals and dispensaries will be seeking university affiliation in order to hold a first rank position in the community.

It is true that the executive or sociological staff of hospitals has not, as a whole, been so progressive or so thorough as the medical, and there has come on this continent the social service movement as a rebuke to our medical institutions for the narrowness of their service and the meagreness of the sociological effort, but the principle has been established.

The hospital social service worker is the link between the patient in the hospital and the patient after he leaves, for until he is put in a position to understand and care for himself, he is still a patient. We ask

for financial support, and in admitting a patient to the hospital tacitly guarantee to do everything possible to effect a cure. If then the social service workers are needed to that end, is it not the hospital's duty to maintain that department, and let us not say to ourselves, Can we afford social service workers? but rather, Can we afford to be without them?

The varied and far-reaching results of a social service are many:—

1. It brings patients back to the dispensary for treatment.
2. It prevents waste of the physicians' efforts.
3. It solves the home problems which cause the disease.
4. It makes treatment possible for the very poor.
5. Supplies facts for diagnosis.
6. Does educational and educative work.

There have been countless numbers of papers written during the past two years dealing with the lamentable fact that patients do not return to the dispensary as often as they should. In fact the majority come only once. This is regrettable, because even to the layman it must be apparent that for the majority of our diseases one visit is not enough. How can we better this condition? Up to date there has only been one solution: Take more interest in the patients. But often-times it is not possible for the doctor to do so. It may be that his clinic is too large, or that he is in a hurry. Who is to do this work? None other than a social service worker who can visit the family, ascertain the cause of this absence and even bring pressure to bear on the patient to return and resume proper treatment. It will not be necessary to exert pressure, but rather interest and kindness.

On the other hand, there are always people presenting themselves for treatment at a free dispensary who are able to pay some doctor for this. It may be that they are dissatisfied with their former physician, or again, strangers in the city. Though the social service worker is not supposed to investigate in the strict sense of the word, the results are far more satisfactory to the physician and community than when this work is done by some charity organization. Especially true is this in a small department as ours is at the present time.

To find the cause of disease and remove it when possible is the doctor's aim, and is the first principle of all rational treatment.

But if we are in earnest in this matter and do not rest content with large phrases, we may have to go far afield in pursuit of this cause. When mal-nutrition is due to poor appetite and poor sleep and when these in turn appear to result from worry, our pledge to be thorough, to go to the bottom of our patients' malady, find its cause and root it out, compels us to undertake through others (nurses or social workers) investigations for which the dispensary physician has neither the time nor training. The patient may need to be removed from the worry and friction of home conditions and started afresh elsewhere. It may be a

change of scene, a vacation or a visit to a convalescent home. Who is to guide the patient to these necessities or accessories to a proper summing up of his case?

It is true that at the present time Toronto is woefully behind other cities when it comes to the care of convalescents. Our hospital beds are occupied for a much longer space of time than is necessary, both for the patient's good and for our own. If I were a dreamer I should picture to myself a convalescent home in connection with the Toronto General Hospital. Perhaps the time is not so far distant when this dream will be realized, and another weapon placed in our hands with which we may combat disease.

Toronto is blessed with many natural resources, which, up to the present time, have never been called into play to aid the physician in his fight against disease. We have room and need for rest homes, where factory workers could be sent for week ends, farm colonies for the tuberculous, convalescent homes, the need of which I have already spoken. Lest it be overlooked, I make mention of the splendid work done in the summer months by the fresh air fund and summer home of the Hospital for Sick Children, but when one stops to consider the amount to be done, this is as a drop in the bucket.

Sometimes the patient must be helped to get the necessary but somewhat expensive means of recovery, such as a set of false teeth, an abdominal support, a nourishing diet, a pair of glasses, and countless other needs. Here again the social service worker is called into action to use her influence or funds in supplying these articles, without which the patient may be relieved but not cured. For none of these needs is our ordinary out-patient staff sufficient. The doctors have not the time nor the training. But there are in the community—or should be—many societies, institutions and persons whose aid can be enlisted if someone will attend to the connecting links. We can no longer ignore the absence of connecting links and commend the patient to do what we know he will not or cannot do. How often do we hear the well-meant advice given to take a vacation or get a new job, change your job or get a truss? There is none in sight and no means of getting any. What have we done in the past? Pass cheerfully on to the next patient.

This is one of the gaps which the social workers should try to fill in this hospital. Believing that when a hospital undertakes the care of a patient, it ought to do it, and not be content with going through the form of doing it. The social workers fill the gap between good intentions and their fulfilment. Simply to hand a tuberculous patient printed directions for the care of his health is to go through the forms of treatment without actually doing anything for him. To tell him to rest out of doors, to sleep out of doors, and to eat twice as much as usual, produces no appreciable change in his mode of life. To follow

him up, show him how to do it, and see that he actually does it, is the only business-like way of treating his disease.

A woman is found to have diabetes; medicine will not help her much; diet will help, but it is useless to hand her over a diet list without finding out whether she can get at her boarding house any such diet as we recommend. It turns out that she cannot, that there is no special boarding house for diabetics, and that she has no money to spend on specially selected diets. Shall we simply pass on to the next case and let the woman's disease run on to its fatal termination unimpeded? The physician in charge has no time to investigate her case or to discover what resources, if any, the City of Toronto contains for supplying her need. He cannot look up the question whether friends, relatives, church or benefit societies can be gotten to lend a hand. But he cannot turn his back upon the woman and let her die without an attempt to check the disease. He needs the help of social workers to make his treatment effective.

To order for one patient a diet which she cannot possibly procure, for the next a vacation which he is too poor to take, to forbid the third to worry when the necessary cause of worry remains unchanged, to give directions to the fourth for an outdoor life which you are morally certain he will not carry out, to teach the fifth (perhaps a Jewish mother) how to modify milk for her baby when she understands perhaps half of what you are saying, and forgets most of that half, this makes a morning's work not very satisfactory in the retrospect to anybody, and hardly more useful than the old-fashioned wholesale drugging.

It is to fill just such needs as these that I suggest that there be reorganized here our present little social service department. The amount of work done in the past year by our one worker must be proof enough to all that social service has come to our hospital to stay, and that the movement cannot stand still, but must progress.

I notice that at the present time your organization consists of an executive committee and an advisory committee, with their attending officers. Executive committees, as a rule, should consist of live wires—by that I mean people with executive ability, who are also fired with the desire to further any interest with which they are connected.

Another suggestion I would like to make, and that is changing what is now called your advisory committee into a supervisory committee. This to consist of your Head Worker, the chiefs of the different departments of the hospital, Superintendent of the hospital and Superintendent of nurses, and probably one or two others who may be keenly or directly interested in social service work. It would be the duty of this committee to supervise our work, investigate our results; a good supervisory committee is at all times and in the end an advisory committee,

so that here we have an opportunity of killing two birds with the one stone.

I think the time has arrived now when we can no longer get along with one worker, and in the event of this work being enlarged I would suggest that you employ a Head Worker. This worker to look after the general work of the social service and direct the workers in the special departments. She should be a nurse rather than a trained social worker, for the experience which comes from familiarity with the sick, the discipline of regular hospital work, the eye trained to observe and the hand and mind to act quickly and skilfully, are essentials to the highest kind of social service among the sick poor. The nursing qualities must be combined with the more purely womanly ones, as the personal touch with the individual is the main object to be attained. A deep human sympathy which will invite confidence is, of course, essential, but this must be sympathy untinged with sentimentality. Having furnished her with office room, telephones, etc., she may safely be left to work out, with the physician, the problems of her particular field. At the present time you are cramped for space and are working under the greatest difficulties, but I understand that the hospital authorities have already set apart ample room for your present labours, and it now rests with the Social Service Association to avail themselves of this room and abundance of material with which to work and continue producing results.

The ideal condition of social service work is to have one worker in each clinic or department, such as tubercuIosis, maternity, medical, surgical, etc., and I feel safe in saying that this hospital will eventually have these workers as have other hospitals which have fostered the social service spirit, for it is a movement which, under the proper guidance, cannot stand still, and I know of no other form of work that produces such striking results.

Volunteer workers, while not being an absolute necessity, have nearly always proved a success. They can help a social worker wonderfully and help her to conserve her energies and place her trained services where they will do the greatest good. Again, by forming themselves into enthusiastic groups they can canvass their friends for funds. While I personally think the hospital should be responsible for the major share in the upkeep of the social service department, at the same time there is so much to be done, and so little to do it with, that every source we have at our command should be tapped. It is not enough that a hospital should support social service workers for the purpose of investigation, but also that some funds be raised for the distribution of those important accessories of treatment I mentioned earlier in this address, such as false teeth, abdominal supports, a few fresh eggs, a vacation or a visit to a convalescent home.

There are those who are still labouring under the impression that

social service is for the distribution of old shoes, etc., but it has a much worthier position in the hospital and dispensaries, for is not its chief object to help the patients to help themselves, and by its investigation aid the patients to regain their former positions in the community, and it is not for the dispensing of indiscriminate charity.

There is in every city a number of charitable organizations whose duty and object is to look after their special charges. We have Children's Hospitals, Homes for Incurables, Fresh Air Funds, Church organizations, besides other large hospitals. At the present time each one of these is dispensing its own charity, and it is a known fact that there is considerable overlapping, and that it is quite a common occurrence for several charities to be interested in one person. How long will it be before Toronto follows the example of other great cities and establishes a charitable organization bureau or call it an associated charities building, in which could be housed these different charities? The dispensing of charities in this city could then be systematized and also these separate individual institutions would then have a clearing house where we could be advised as to what aid or support each individual case receives. I have a recollection of having heard of an associated charities organization in Toronto, but either it is hiding its light under a bushel or else it is only one of the many figure-heads we have in this city, for I have still to meet with any systematized or far-reaching good being done by it. Surely there are enough influential people here this afternoon who will realize how backward, old-fashioned and ill-equipped we are in Toronto for dealing with the needy poor who present themselves at our dispensaries, and I hope will use their influence and lend their aid in correcting this condition as much as it is possible by perfecting the social service department of the Toronto General Hospital.

For a great deal of the material and information in this paper I am indebted to the following authorities on social service work: Miss Cannon, Massachusetts General Hospital, Boston; Miss Wadley, Bellevue Hospital, New York; Dr. Richard Cabot, Boston; Dr. C. B. N. Camac, New York; Dr. A. R. Warner, Cleveland; Mr. Michael Davis, Boston; Mr. Edgar Kemp, London, England.

"He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved flower, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has looked for the best in others and given the best he had; whose life was an inspiration; whose money a benediction."

SOCIAL SERVICE, TORONTO GENERAL HOSPITAL.

The reports read at the annual meeting of the Social Service Association of Toronto General Hospital, held on January 13th at 78 Queen's Park, showed that an immense amount of work had been accomplished during the one short year since the inauguration of the Social Service Department.

The chair at this meeting was occupied by Sir James Whitney, Premier of Ontario, and the large gathering testified to the amount of interest taken in the work.

That so many have been helped, some back to health and efficiency by necessary care during convalescence; some over rough places that threatened shipwreck; some with the kindly counsel and advice that mean so much in relieving mental worry; all in the thousand and one ways that cannot be enumerated, must bring much encouragement to the committee having this work in charge.

The committee was particularly fortunate in its choice of a Head Worker whose knowledge, skill, unvarying perseverance, kindly tact and splendid work made the year's success possible.

Addresses were given by Dr. Haywood, Assistant Superintendent of the Hospital; Miss N. K. Holman, Head Worker, and Dr. MacMurchy, temporary Chairman of the Committee.

Dr. MacMurchy emphasized the need of social service and the necessity of making it an integral part of all hospital work. She also cited some of the cases which had come under the care of the Head Worker and which demonstrated the need of this work if any lasting benefit was to result.

Dr. Haywood's address appears on another page. It speaks for itself, as also does Miss Holman's, which we give here:—

"Hospital Social Service may be a factor in producing such a reduction of the morbidity of a community that as a final result hospitals may cease to exist. The aim of social service is to arouse and maintain those health forces which will work automatically in the community until only the new born and the aged will need care. This is a high aim, but in affirming the necessity for it we can repeat Browning's words, that 'A man's reach must exceed his grasp, else, what's a heaven for?' The reach of the individual is futile, but a high social endeavour will bring the desired object, the vision, the ideal, nearer, and make its form clearer. Continuous health being the ideal to be sought in connection with hospital social service, the qualities necessary to make it possible seem to me to be knowledge, justice and democracy.

That medical and nursing knowledge which is most successfully applied must be satisfied with nothing less than the complete rehabilitation of the patient and the return of his earning powers, the patient

himself, realizing that that is the aim of physician and nurse, must always gain some knowledge of the rules and laws of health. Much has been said of the socialization of the hospital, but very little of the danger of the hospitalization of the patient, a danger which may arise partly because of that human characteristic which we all have, the getting of something for nothing, and partly because of the lack in that hospital machinery which makes a periodic inventory or stock taking in the wards.

One sees in every hospital a patient, in fact several, who should be out at work and returning periodically for treatment, but who has preferred to make the hospital ward his home. Not only should the patients be sustained by kindliness and personal human interest, but they should also, by firmness and decision, be brought to see the desired aim—the return to the working world.

That extension of hospital work which includes a consideration of the occupational diseases, over-work, strain, fatigue, in industry, bringing in their train heart disease, tuberculosis, misplacements, deformities, must lead inevitably to the question of industrial justice. Hospital social service departments, by research and investigations, and mainly through the expert testimony of medical men and women, have been able to secure legislation which gives to the workers a minimum of justice. Little has been done in Canada, but England and the United States, with medical factory inspection and their many writers on industrial diseases, have paved the way.

Democracy, which is linked with social service, does not imply the loss of pride, culture, or give traditions, but rather an extension of these qualities, so that all humanity may possess what has been called moral minimum, ever increasing, of the best in life, a higher and better standard of living and a consequent higher status of health. It is the spirit of democracy which will make this possible.

The method by which social service serves is by the relation of the forces within the hospital with the forces outside, and the formation of a co-ordinate plan for that human efficiency that is based on good health. In Toronto there have been many agencies engaged in general social service and there are many volunteer workers who would gladly help in any plan for human betterment. The difficulty of getting these forces to all work together has recently been overcome, it is hoped, by the establishment of what are called case conferences in the different sections of the city under auspices of the Associated Charities, thus at the Evangelia and University Settlements and Victor Mission there are groups of sincerely interested people discussing and forming plans for co-ordinate work on family rehabilitation. Taking the family as the unit for treatment, these conferences deal with the problems affecting the family. As housing, education, employment and rate of wages are

discussed, the hospital social service worker realizes more than ever that sickness and its prevention is not an individual but a social problem, and the hospital has a splendid opportunity for action along social lines. If all the patients were known and individually and materially benefited, there would be no lessening in the number of applicants; in fact, there might be more of these. Complete social service must take up the *prevention* of sickness and must actively pursue the initiative in demanding this from councils and governments."

THE SCHOOL NURSE.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, February 3rd, at 3 p.m., at the Toronto Graduate Nurses' Club, 295 Sherbourne St. The President, Miss L. L. Rogers, occupied the chair.

As it was the annual meeting, the most important business was the election of officers, which resulted as follows: President, Miss L. L. Rogers, R.N.; Vice-President, Miss E. J. Jamieson; Treasurer, Miss F. Jones; Recording Secretary, Mrs. Feeny; Corresponding Secretary, Miss E. McCallum, 169 Carlton St.; Directors, these officers and Misses E. Morrison, M. Paul, Kingstone, and Dayman.

Some slight revisions were made in the Constitution. A vote of thanks was tendered the retiring officers and the meeting adjourned. The Association remained for supper at the Club.

Four nurses are now taking the Post-Graduate Course in School Nursing under Miss L. L. Rogers, Superintendent of School Nurses, Toronto. These are: Miss Ethel Appelbe, Graduate of Roosevelt Hospital, New York; Miss Henrietta Shipley, Graduate of Victoria Hospital, London, Ont.; Miss Harriet C. H. Denison, St. John's Hospital, Brooklyn, N.Y.; Miss Elizabeth M. MacGibbon, Graduate of Lady Stanley Institute, Ottawa.

Niagara Falls, Ont.—The yearly report shows the total number of inspections to be 12,043; seven children had eyes examined by doctor, who advised glasses; seven had treatment for eye troubles; 11 had tonsils and adenoids removed, and 24 had treatment for these conditions; 204 had teeth filled, and 27 had teeth extracted; 543 children were found to have carious teeth. Seven cases of diphtheria and one case of scarlet fever were found and reported.

The rooms are fumigated at least once every three months. We hope soon to have the dispensary.—E. L. E.

Dr. Sikes' lecture on the "Legal Aspect of School Nursing," on December 13th, was largely attended. He gave an account of the progress of the work of the medical and nursing department (education) since its

inception. The Acts of Parliament which affect the work of the school nurse were explained. Among other subjects Dr. Sikes spoke of the cases of favus which had to be dealt with—79 in one part of London alone; of the opening of a school for children suffering from the disease, and how with X-ray treatment and supervision the children were soon cured and the school closed. Microscopic slides were shown illustrating varieties of favus and ringworm.—*British Journal of Nursing.*

On Wednesday, January 17th, at the Day Training College, Dr. Menzies gave a lecture to the school nurses on "Nutrition." There was a large attendance. Dr. Menzies made special reference to the feeding of school children. The opinion of four important authorities, as to the number of children requiring to be fed by the State, was interesting, their estimate varying from 2 per cent. to 33 per cent. The distinction between the underfed and improperly fed was a much discussed question, and probably accounted largely for the difference of opinion. Home conditions throw a good deal of light on the subject. Dr. Menzies then explained how a decision could be arrived at by a medical expert. No real help could be gained at present by height and weight. The blood test was helpful, but unreliable. One had to go by general appearance. The skin was loose and lacked smoothness, owing to the loss of subcutaneous fat. The presence of unhealthy eruptions was another symptom. Slight inflammation of eyelids, roughness of the hair, facial expression and lack of animal spirits to be noted. Ignorance of the right kind of food and how to prepare it was largely the cause of malnutrition, but there were many others. Want of assimilation, due to bad teeth; hurried meals, excess of liquid taken with meals; the consumption of strong tea or coffee and alcohol. Organic disease; deficiency of fresh air, or insufficiency, owing to adenoids or rickets; tight clothing; bad posture; extreme anæmia; defective oxidation; late hours; congenital disorders; excessive breaking down of tissue; overwork; want of sleep; deliberate starvation. Dr. Menzies mentioned a case of the latter, where a fat schoolboy, through being teased, bought two bottles of Antipon, and refused food to the extent that he lost two stone in weight. In dealing with malnutrition, due to improper feeding, one had to remember how difficult it was to get fresh milk, eggs, vegetables, meat and fish in the poorer parts, especially in the summer; also to remember the cost. A certain amount of instruction on cooking and feeding was given in the schools, but Dr. Menzies did not consider it sufficient. He spoke of the overworked mother, often the bread-winner, and out all day, which, of course, resulted in irregular and badly prepared meals. Dr. Menzies gave details of an ideal dietary. He mentioned the strides made since public health questions had aroused interest, i.e., the passing of the Midwives Act of 1902, followed by the Notification of Births Act of 1907, the Children's Act of 1908. Later the Acts dealing with the employment

of children and provision of meals. Dr. Menzies received hearty applause at the close of the lecture.—*British Journal of Nursing.*

With the opening of the fall school term, over 200 open air schools and fresh air classes for tuberculous and anæmic children, and also for all children in certain rooms and grades, will be in operation in various parts of the United States, according to a statement published by the National Association for the Study and Prevention of Tuberculosis. All of these have been established since January, 1907, when the first institution of this character was opened in Providence, R.I. Massachusetts now leads the States with 86 fresh air schools and classes for tuberculous, anæmic and other school children, Boston alone having over 80. New York comes next with 29, and Ohio is third with 21. Open air schools have now been established in nearly 50 cities in 19 different States.—*The American Journal of Nursing.*

"Do not laugh at the proposition that the County Council School children shall be exercised in the blowing of their noses in order to circumvent the trifling trouble of adenoids. Nose-blowing drill is a feature of the military exercise in Russia. On the parade-ground the word of command is given, and the blast of a thousand noses splits the air, with never a laugh. It is taken, as it should be, seriously. For the British child that little matter is serious, and too often neglected for want of instruction."—*Westminster Gazette.*

"Spectacles were made for the first time about the year 1290, the invention being ascribed by some to the Dominican monk Alexander Spina, by others to Salvino degli Amati. The glasses, originally very defective, were greatly improved afterward by the method of grinding spherical lenses devised by Wolaston and later by that of grinding cylindrical lenses, which is due to the Swiss pastor Schnyder."

ARGUMENT FOR THE DENTAL NURSE.

At a clinic in Cleveland the following interesting and excellent results were obtained when they made mental tests on forty-four of the poorest children. "These children were given dental attention, and their mouths put in hygienic condition. Their working power was raised between 90 per cent. and 100 per cent., thus showing the connection between a sanitary mouth and mental condition." Nurses can do much to teach children to keep their mouths clean and healthy, and it would seem as if there was a special field for the dental nurse.—*The News Letter.*

CORRESPONDENCE.

To the Editor of THE CANADIAN NURSE:—

Dear Madam,—I would like to say a word about the number of tuberculous cases treated in small hospitals in the West. Perhaps my experience has been unfortunate, but I have been in a number of small hospitals, and I have known of a great many cases of tuberculosis which have been treated in one or other of them. In one of these hospitals two nurses died of pulmonary tuberculosis before finishing their training, and three of the Graduates are tuberculous.

In other hospitals where tuberculous patients were admitted I have known of one or more of the staff becoming infected, apparently a direct result of coming in contact with tuberculous patients.

In every small hospital I know there is a by-law prohibiting such patients from entering for treatment. But the doctors, in many cases, wilfully and deliberately violate the law, and, in some cases, the nurse, having ample proof of the nature of the case, makes no objection when such strenuous efforts are being made to educate the general public in regard to this disease. We who have training and knowledge ought to assist by insisting on proper conditions when we undertake the care of these patients.

My experience has been that nurses are not unwilling to respond to any call; they are much more inclined to sacrifice their strength and comfort for the seeming needs of others. I think it is time we made a greater effort to decide between the seeming needs and the real needs of our patients and their friends, and realize that only as we make the best of our own lives can we be of the greatest service to others.

In some cases we find that education is needed as much as nursing care, and, if carefully and tactfully given, is much appreciated. I have found that whenever I have carefully explained the nature of tuberculosis and the danger of infection to those around, I have been granted proper conditions for the care and treatment of the patient. That, of course, would not always be the case, but the exceptions must be dealt with according to the time and place and need.

Sincerely yours,

M. M. L.

Miss L. L. Rogers, President of the Public School Nurses' Association, and Superintendent of School Nurses, Toronto, would esteem it a favour if every nurse in Canada doing school nursing—rural or city—would write to her, as she would like to learn of the work being done all over Canada. Address: Board of Education, City Hall, Toronto.

Before going to Dental Clinic.

Dental Examination in a Public School.

Editorial

RE HELPFUL CONTRIBUTIONS.

In looking over some of the early numbers of THE CANADIAN NURSE we find the following questions asked by a correspondent: "Would it not be helpful to us all if nurses or Superintendents of hospitals would send in reports of any unusual cases, with treatment for the same? Also, if some of our sisters who are in charge of operating theatres in the larger centres, would give us the new ideas constantly being put into practice by our leading surgeons? In this way we who are more isolated could keep up with all the modern methods. Another thing I would like very much would be the publishing of the examination papers (trials) of the Training Schools. It would help us in smaller schools to keep our standard as high as theirs."

And numbers of nurses are making the same requests now. The needs of the nurses in private work do not change in this regard.

Does this not present splendid opportunity for the nurse who has had a particularly interesting case, to tell us about it, and for the Superintendent who has so many new methods, to pass on to her Graduates who cannot get back to see and glean for themselves.

Operating room technique is constantly changing. New methods are introduced, the account of which would be most interesting reading to the isolated worker who is striving to keep up-to-date.

Nurses in charge of operating rooms, here is your opportunity to pass on the helpful knowledge that comes to you as a matter of course!

And the examination papers—perhaps some Superintendents of Training Schools will be good enough to send us some for publication.

Let not the nurses ask in vain for assistance!

A PLEA FOR PROPER CONDITIONS.

The letter in this issue calling attention to the lack, in some hospitals, of proper conditions for safeguarding the health of the nurse who has the care of tuberculous patients, should receive the thoughtful consideration of those who are responsible for conditions as they are.

Do not say, "Who is this who presumes to criticize?" but rather, "Can it be that in the stress of much work and anxiety we have allowed any one to be needlessly exposed to danger, or a life to be sacrificed that should have seen long years of usefulness?"

Nurses are not averse to caring for the sick, even at risk to life and health, but that life or health should be needlessly risked, or perhaps permanently injured, or, it may be, sacrificed, is surely not necessary, nor reasonable, nor just.

All nurses realize that tuberculous patients must be cared for, but

let it not be said of any hospital that, in caring for these patients, the life or health of a nurse was injured or sacrificed because conditions which ensure the minimum of risk were not provided.

It is true that nurses, too, have their part to do in avoiding unnecessary risk, but to do this they must have the requisite knowledge. It would seem obvious, then, that only senior nurses should have the care of tuberculous patients, that there might be a minimum of risk to all concerned.

Hospital authorities will, we are sure, give this matter their thoughtful attention and speedily correct any errors that may heretofore have been overlooked.

ANNUAL MEETINGS.

The Canadian Society of Superintendents of Training Schools for Nurses will hold its annual meeting in Berlin, Ont., during the week beginning May 13th. The keynote of the addresses is to be "Uniformity." It is hoped that every Superintendent of Nurses in Canada will attend this meeting and contribute something for the general benefit. If that is impossible to some, will these contribute their quota by correspondence? If each Superintendent, in her own way, seeks to discharge her responsibility to the Association, a very helpful, profitable meeting will be the result. That is the aim of the President. A good programme is in course of preparation and will be announced next month.

The Canadian National Association of Trained Nurses meets in Berlin during the same week. Every Graduate in Canada is interested in this meeting, and there should be no doubt about its success.

THE SAN FRANCISCO CONGRESS.

That the members of the Alumnæ Association of Winnipeg General Hospital are thoroughly alive to the needs of the profession, to the value of co-operation all along the line, and, moreover, are willing to contribute their part for the benefit of the whole, is clearly evidenced by this very pertinent question in the last issue of *The Nurses' Alumnae Journal*: "Should there not be a large representation of Alumnæ members at the Triennial Conference of Nurses, to be held in San Francisco in 1915?"

Some one has said that nothing worth while is ever accomplished without enthusiasm. Here is enthusiasm that will mean much to these nurses, and to how many more none can tell. Keeping the Congress in mind and planning *early* in this way will fit the nurses to carry away the maximum of benefit.

If every Association of Nurses will plan, and *early*, that the plans may be mature, to contribute its quota to the Congress of 1915, the help and inspiration to nurses all over the world will be inestimable. In no other way can the Congress accomplish all it desires.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

This is the age of organization, and in the forward march nurses are not behind, but are pressing onward, organizing, amalgamating and perfecting their various societies. First we had the Alumnæ Association, holding together the daughters of an Alma Mater; then the broader organization, uniting the alumnæ of various schools, resident in a particular city; then still broader territory was taken in, and the Provincial Associations sprang into existence, their *raison d'être* being to obtain registration; and, side by side with these, we find the Hospital Association and the Association of Superintendents of Training Schools for Nurses, both embracing the Dominion. And, as though all of that organizing and working had only been preparatory, leading up to greater things, came the crowning organization—the Canadian National Association of Trained Nurses, which takes in every trained nurse in the broad Dominion. And not only so, but it again stretches forth and clasps hands across the seas with other sister nurses, and forms a link in that wonderful chain of trained nurses which encircles the Globe—the International Council of Nurses.

Surely, step by step, we have mounted, gaining strength as we went, until now we stand ready for the work which must be done by the united efforts of all the nurses, would we make our profession take the position it should occupy.

The Canadian National Association of Trained Nurses was organized in 1908; was affiliated with the International Council of Nurses in 1909, and, already, has sent delegates to two meetings of that body—in 1909 to the International Congress of Nurses held in London, England, and in 1912, to the meeting held in Cologne. The next meeting is to be held in San Francisco in 1915, when we hope Canada will be well represented, and will be able to show very marked progress.

And now, what does this Canadian National Association mean to our nurses? It means that every trained nurse in Canada to-day should be a member of this Association, either through her affiliated society or through individual membership, and should be helping on the profession's work.

The third meeting of this Association will be held in Berlin, Ontario, in May, and it is to be hoped that every trained nurse in Canada will make a special effort to be present, and to do her part, whether great or small, to enable the Association to attain these objects set forth in the Constitution:—

1. To encourage mutual understanding and unity among Associations of Trained Nurses in the Dominion of Canada;

2. To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education, and promote a

high standard of professional honour among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality. M. A. M.

THE CORRECTION HAS BEEN MADE.

The state of affairs to which we called attention in the January issue, under "A Hospital," has been remedied. A Graduate Nurse has been appointed to the important position of Superintendent. We note this with great satisfaction.

This appointment will greatly add to the comfort of those who are responsible for it, as well as go far to permanently establish the confidence of the public in the institution. And this is something on which no hospital can afford to take any chances. We trust a long and useful career lies before this institution for the relief of the sufferer.

OUR SUBSCRIPTION LIST.

That our appeal to the nurses to help us double our subscription list has not been in vain is proved by letters containing sentences like this: "I am trying to do my duty by sending you five new subscribers." We are hoping to receive more of these, and will, we are sure, as soon as each nurse has had time to gather her list of new subscribers. Every nurse a subscriber is our aim, and yours, too, doubtless. Then you will surely help us realize this.

The subscription list is gradually improving, but the improvement must be more rapid if we are to get the real, helpful assistance that is needed. Then don't delay your good work.

FANNY WILDE McEVOY.

Miss Charlotte A. Aikens has published in *The Trained Nurse* for February the list of contributors to the fund for this aged nurse. The total amount received from September 1, 1911, when the fund was started, to November 1, 1912, was $644.61. Of this amount Mrs. McEvoy has received $383.01 in semi-monthly payments, leaving a balance of $261.60.

This balance removes all need of worry for the present, but with a call upon it of one dollar per day, which is the expense as estimated by the Associated Charities, it is obvious that our efforts in behalf of this aged veteran must not grow lax.

Miss Aikens says: "We could tell some very interesting stories about these nurses who have 'stirred others up to good works,' but we think it is better not. The recording angel is keeping account of all such efforts, we are sure, and we have sufficient faith in the nurses of to-day who are strong and vigorous to believe that they will help keep this old veteran in comfort through her remaining years. She calls the money her pen-

sion money, and speaks of it as coming from the Lord, which it does, but by way of human hands, prompted by human hearts."

Canadian nurses, we are sure, will not be forgetful of this aged pioneer, but will gladly do their part in making her sunset a time of tranquil peace and happiness.

MEDICAL RESEARCH AT THE UNIVERSITY OF TORONTO.

The Canadian Journal of Medicine and Surgery, in speaking of the fund which makes medical research work at the University of Toronto possible, says:—

"Giving the University of Toronto an endowment fund of over $25,000 annually for research work in the medical department will create one of the greatest factors for usefulness of the institution," said President Falconer recently, when commenting upon an announcement that some of Toronto's wealthy men had subscribed to an endowment fund for medical research work.

Working in conjunction with the Toronto General Hospital, where will be conducted a clinic that will standardize with those of highest repute in the world, the research work that will now be carried on in the University will provide medical students with exceptional educational advantages.

Of the five physicians who have been engaged for this research work, Dr. Caulfield will specialize on tuberculosis, and Drs. Fletcher, McPhedran, Armour and Imrie will undertake general work.

What is also of much importance to Canada is the assistance the research work will give the clinic in the Toronto General Hospital. The advantage to Canada will best be understood by stating that a clinic of exceptional merit was established in New York City some years ago. It attracted physicians and surgeons from all parts of the country.

They received a training which made them equally as skilful as their associates on the clinic, and when they returned to their practices in the several cities and towns, their fame so spread that they had for patients those who otherwise would have gone to New York for treatment. In this way the United States has been given, and is being given, a well-distributed supply of most efficient physicians and surgeons.

The work will be carried on in the various laboratories of the University, and it is expected that the money available will be sufficient to permit three or four medical men to occupy their entire time in the work of research.

One of the men chosen was Dr. Irvine, a Graduate of the Western University, London, Canada. Dr. Caulfield, formerly of the Muskoka Sanitarium, has been selected for the investigations into tuberculosis, and Drs. McPhedran, Jr., and Armour, will temporarily fill the posts of senior research assistants during the training of other men, which will occupy some years."

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

NEW YEAR'S WISHES.

The Peace of God that passeth comprehending
Keep thee in heart and mind and comfort thee.

The love of Christ all earthly love transcending
Now and for evermore encompass thee.

The Fellowship, unchangeable, unending—
The Spirit's Fellowship—abide with thee.

Where'er thou art, thy unknown way defending,
The ministry of angels succour thee.

The prayers of Saints unceasingly ascending
From earth and Paradise avail for thee.

Nature, with sacramental touch befriending,
Reveal her tender mysteries to thee.

The Holy Church her mother-arms extending,
Within the one Communion cherish thee,

Until the city of our God descending
Forever and forever shelter thee. —*Anon.*

The March meeting of the Toronto Branch will be held on the evening of the 26th.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey St., Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street. Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on January 21st. There were nine members present.

A committee was appointed to act in conjunction with a committee appointed by the Directors of the Club, in arranging a series of lectures for the nurses of Toronto. The Treasurer's report showed a bank balance of $1524.93. Eleven applications were considered and accepted.

How to give information to young women who wished to train as nurses re choice of training school, was discussed. It was decided to advertise in order to get into touch with those desiring such information. A committee was appointed to arrange the matter.

The programme for the Annual Meeting in May was discussed and some plans proposed. Definite reports are to be given at February meeting. The date was set for May 23rd.

The donation of thirty dollars sent to the Fanny Wilde McEvoy Fund was acknowledged by Miss Aikens, who speaks of the gratitude of this aged nurse for all that is done for her.

The Hamilton Chapter reports a very enjoyable social meeting in December, when the Chapter met with the Alumnæ of the City Hospital. The lecture by Dr. Lester on "Oral Hygiene" was most instructive and helpful. The Chapter suggests that this subject be on the agenda of the Annual Meeting.

No report from the London Chapter.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-president—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The following paper was read before our Association by Mr. Roy Marshall, barrister:—

During the past session the Legislative Assembly of the Province of Ontario passed an Act known as the Hospitals and Charitable Institutions Act (2 George V., chapter 85). The previous Act relating to this subject had no reference to nurses, but the new Act has a section relating to the registration of nurses, and this is the first mention ever made in our Ontario Statutes respecting the standing of nurses. This section, which is No. 18, reads as follows:—

"18. Training Schools for Nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor-in-Council have been observed, Graduate Nurses of such Training Schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a registered nurse."

By this section training schools for nurses may be conducted at hospitals receiving aid under this Act. Only hospitals receiving aid under the Act are permitted to conduct training schools, graduates from which may be registered under this section. All money appropriated by the Legislature for the purpose of giving aid under the Act must be distributed according to section 2, which limits such distribution to certain public hospitals, and under section 14 the Lieutenant-Governor-in-Council may designate the hospitals and other institutions to which aid may be granted, providing certain requirements are fulfilled. The previous statute had a list of such hospitals appended to it, but now the list is kept in the Provincial Secretary's Department at Toronto, and includes

practically all the general hospitals in the different cities, as nearly all of these receive aid under the Act.

Asylum hospitals could scarcely be called public hospitals, and they do not receive aid under this Act, but under another Act altogether, so that nurses graduating from their training schools could not register under section 18 above quoted.

The second part of the Act deals with the licensing, inspection and regulation of private hospitals, but they are not included in the institutions to which aid may be given under the Act, and for that reason nurses graduating from their training schools cannot be registered under section 18.

The section also contemplates regulations in relation to the training to be given by these training schools to be prescribed by the Lieutenant-Governor-in-Council, that is, by the Department at Toronto having charge of these institutions; and when the training schools have observed these regulations the nurses graduating from them are entitled to be registered in a register kept by the Provincial Secretary's Department at Toronto, and when a nurse has been so registered she may be designated a registered nurse.

The standard of efficiency of a registered nurse would therefore depend upon the requirements of the regulations prescribed by the Lieutenant-Governor-in-Council. If the regulations require a heavy course and training, the standing of a registered nurse would be assured. The public would know that a nurse so designated had passed difficult examinations and had had sufficient training to make her competent to undertake the duties of a professional nurse.

The nurse's calling is one requiring much skill and the provision for the registration of nurses made by the Legislature last session was a move in the right direction. In several of the United States there are statutes governing the training of nurses and their examinations, etc., and one would think that such an Act in Ontario would almost be a necessity, and if taken up by the nurses their claims would probably be recognized by the Government.

WHAT CONSTITUTES SUCCESS?

He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has looked for the best in others and given the best he had; whose life was an inspiration; whose memory is a benediction.—*Mrs. A. J. Stanley.*

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Forteseue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

The monthly meeting was held, by the kind invitation of Dr. Desloges, in the Hotel Dieu Hospital. The lecture was on Electro-Physiotheraphy, and delivered as it was in the Electrical Department, which is the best in America, was intensely interesting and instructive. The doctor said he would not go into the tremendous advances which had been made in Electro-Therapeutics, but would tell us something of the methods of treatment, and described the "statie bath," "long sparks," "wave currents," "auto-conduction," etc. Electricity is not a unique agent, that is to say, acting always in the same way and employed in the same manner. Thus the statie bath raises arterial pressure in those who are low-spirited, and in cases of neurasthenia; whereas the electro-calorifics d'arsonvalisation lowers it, as in cases of arterio sclerosis.

In an attack of gout, we begin by relieving the pain through the calming action of light acting on the nervous fibres, and thus open the way to the circulation of the deposits of urie acid. The electrie fluid, by causing the contraction of the embedded tissues and ducts, will send forth into the circulatory current these noxious urates. It is then that electro-calorifies, by stimulating the activity of the skin and the kidneys, relieves the system of these toxic products.

For light and heat treatment they have instruments of all kinds, from the large light bath to the small hot air apparatus, to hasten the cure of running sores.

The X-ray room was very fascinating, and some of the members saw the bones of their own hands, and the hearts of some of their sisters.

We feel we cannot be grateful enough to the doctor, who took so much trouble, and to the sisters who assist him in his work, and who so kindly entertained us. There is just one regret, and that is that more of our members were not present. Just now many are very busy and others are out of town. Theirs is the loss.

During the year just closed new branches of the Victorian Order of Nurses have been opened at Ste. Anne de Bellevue, Berlin, Bobcaygeon, Islay, Innisfail, Saskatoon, North Vancouver, South Vancouver, Burnaby, Gaspé and Dartmouth.

Miss Grace Houghton is in charge at Ste. Anne's; Miss Effie Tolton, at Berlin; Miss Minnie Ferguson, at Bobcaygeon; Miss Dorway, at Islay; Miss Sitler, at Innisfail; Miss F. Munt, at Saskatoon; Miss Muir, at North Vancouver; Miss Towers, at South Vancouver; Miss Colhoun, at Burnaby; Miss Annie Gleaves, at Gaspé, and Miss Morton, at Dartmouth.

Miss Gertrude Sarney is in charge of the Lady Minto Hospital at Melfort, Sask. Miss L. Linton is her assistant.

Miss Cole has succeeded Miss McCutcheon as Head Nurse of the Winnipeg district.

Miss Griffiths is in charge of the Cobalt district; Miss Leah, of the St. John, N.B., district, and Mrs. Tyler, of the Halifax branch.

Miss Bremner has received the appointment as Senior Nurse in the Ottawa Home, and Miss McCaul is in charge of the V. O. N. Milk Station there.

Miss McKay is Senior Nurse in the Vancouver Home.

A post-graduate course in district nursing—four months—is given at the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

Miss May Barclay, Graduate of the Royal Alexandra Hospital, Fergus, Ont., Class '06, has been appointed Superintendent of the Lord Dufferin Hospital, Orangeville, Ont. Her duties commenced January 1st, 1913.

Mrs. B. M. Harvey, who is now President of the Graduate Nurses' Association of Thunder Bay District, has been elected a member of the Board of Education of Fort William. It is interesting to note that Mrs. Harvey headed the list with a total of 646 votes, while the next member got 595. We wish Mrs. Harvey every success in her new field of work.

The Carroll Chapter of the Daughters of the Empire are making the necessary arrangements for the building and equipping of a hospital for the Stone town.

Miss J. M. McIntyre, Graduate of City Hospital, Albany, N.Y., Class '05, who has been at her home in Fergus, Ont., for nearly a year, left to fill the position of Assistant Superintendent of Nurses in the Epileptic Hospital, Albany. The appointment reflects much credit on Miss McIntyre, as it necessitates taking the examinations set by the State Board of Registration and also the Civil Service examination.

Miss Emily H. Orr, R.N., Graduate of the Hospital, Morden, Man., Class '99, is, after a long and serious illness, spending the winter with her sister, Mrs. Arthur Mackenzie, North Portal, Sask. Miss Orr hopes to be sufficiently recovered to return to Grand Forks, N.D., in February and resume her work as Secretary of the State Association of Graduate Nurses.

A special meeting of the Alumnæ Association of Vancouver General Hospital was held on January 20th at the apartments of Miss McCartin at Holly Lodge, to elect the officers for 1913, the extremely bad weather having prevented the regular meeting called for January 7th taking place. Miss Hart, the retiring President, occupied the chair, until she resigned it in favour of Miss M. Wilson, who was appointed President by unanimous vote. Miss McCartin was elected Secretary-Treasurer. The Programme Committee then outlined the order of procedure for the February meeting. Refreshments and a pleasant chat closed a very profitable evening.

The Alumnæ Association of St. Michael's Hospital, Toronto, held its January meeting at the "Club." After business matters were disposed of, a social cup of tea was enjoyed. Miss Rose Casserly, who has been away for a year or more, was present, and her many friends were glad to see her. After a short visit here she will return to New York.

Miss Virginia MacSweyn, Graduate of Boston City Hospital, has been appointed Assistant Superintendent of the Bow Hospital, Berlin, Ont. Miss MacSweyn's home is in Lindsay, Ont.

The Graduate Nurses of Alberta have formed a Provincial Association, with the following officers: President, Miss McPhedran, Calgary; First Vice-President, Mrs. Armstrong, Edmonton; Recording Secretary, Miss Rutherford, Calgary; Corresponding Secretary, Mrs. Manson, Edmonton; Treasurer, Miss Hurcomb, Calgary. The Association is preparing a bill for registration.

At the annual meeting of the Edmonton Association of Graduate Nurses, held on January 15th, 1913, the following officers were elected: President, Mrs. Lee; First Vice-President, Mrs. McLeod; Second Vice-President, Miss Sproule; Recording Secretary, Mrs. Manson; Corresponding Secretary, Miss Bufton; Treasurer, Mrs. Campbell.

The correspondent of the *Standard of Empire* at Auckland, N.Z., notes that: "Mrs. Mary Kelly, ninety-one, has just died at New Plymouth. She was a nurse in the Crimea, and was believed to be the last of Miss Florence Nightingale's assistants. Mrs. Kelly's husband, who was ninety years old, died a day or two before his wife. He served with the 57th Regiment in the Crimea."

The postponed annual meeting of the Graduate Nurses' Association of Thunder Bay District was held at the home of Mrs. B. M. Harvey, Fort William, on January 3rd, 1913. There was a fair attendance. The reports of the officers and committees were read and received. The election of officers resulted as follows: President, Mrs. B. M. Harvey; First Vice-President, Miss Regan; Second Vice-President, Mrs. Jeffries; Secretary, Miss Ethel Johns; Treasurer, Miss Blackmore. After adjournment a social hour was enjoyed around the tea-table.

"In connection with the death of Lord Lister, it is interesting to know that the nurse who assisted the famous surgeon with his first antiseptic preparations is still in the Glasgow Royal Infirmary. Nurse Bell has many interesting stories of the old days when Professor Lister was in the Infirmary, and of students and dressers, many of them now chiefs, who attended the classes from 1861 to 1869. Nurse Bell has been in the Royal Infirmary for forty-five years. She is 69 years of age and she enjoys good health, though not able to do much. When Lord Lister was presented with the freedom of the City of Glasgow it was his special desire that Nurse Bell should be present at the function in St. Andrew's Hall. When the memorial service was held in the University Chapel she had a special invitation to be present."—*Hamilton Spectator.*

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club on Wednesday, January 8th. There

were 12 members present. The minutes of the last meeting were read and adopted, and correspondence attended to. Reports for the year showed: Registrar's—Nurses registered during 1912, 163; calls, 951. Secretary's—Members, December 31st, 1912, 68; married during year, 8; average attendance at meetings, 12. Officers for 1913 are: President, Miss E. Trew, 1357 Barclay St.; First Vice-President, Miss E. Breeze. 1032 Barclay St.; Second Vice-President, Miss Hall, 1300 Venables St.; Secretary-Treasurer, Miss R. Judge, 811 Thurlow St. Committees: Sick Benefit—Misses McLellan, Bone, and Judge; Social—Misses Barnard, Arthur, Archibald, Hart, and S. Wilson.

Miss Mavity (V. G. H.) has taken charge of the operating room in a private hospital at Long Beach, California.

The annual meeting of the Berlin and Waterloo Graduate Nurses' Association was held at the Hospital, Berlin, Ont., on November 18th. The President, Mrs. Foster, occupied the chair. The annual reports indicated a healthy, flourishing organization. The interest taken in the regular meetings has been excellent, and the programmes profitable and entertaining. The papers were contributed by doctors and nurses. This list of the topics for the meetings of the year may be interesting: "Obstetrical Nursing at Johns Hopkins Hospital"; "The Ideal Nurse"; "A Travel Talk"; "Conducting a Registry for Nurses"; "Nursing Among the Indians of Great Slave Lake"; "Master Minds in Medicine"; Reports of delegates to annual meeting of Graduate Nurses' Association of Ontario; "Nursing in Tuberculosis." Officers elected for 1913 are: President, Mrs. Foster; Vice-President, Mrs. H. F. Bowman; Treasurer, Miss Storlop; Secretary, Miss Elsie Masters, 27 Ellen St. East, Berlin.

The dance given by the Vancouver Graduate Nurses' Association in Lester Hall recently added another to their list of successful social events. The dance was given in aid of the Nurses' Sick Benefit Fund, and as well as adding a substantial sum to their funds, it furnished a very enjoyable evening for their friends. The dance was well attended, there being about one hundred and fifty couples present. A buffet supper was served downstairs. The long tables were very prettily decorated with daffodils, violets and narcissi. The dance was given under the patronage of Mrs. Allison Cummings, Mrs. C. S. Douglas, Mrs. Walter F. Evans, Mrs. B. D. Gillies, Mrs. H. W. Kent, Mrs. A. S. Munro, Mrs. W. Forbes MacDonald, Mrs. W. A. Whitelaw, Mrs. H. H. MacIntosh, Mrs. J. Rogers and Mrs. Covernton.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Registry Office, 295 Sherbourne St., Monday, February 3rd, at 3 p.m., the Convener, Miss Christine Mitchell, in the chair. Eight members were present. The Registrar's report for January, 1913,

is as follows: Total number of calls, 372; visiting cases, 6; registry extension cases, 2. Financial—Fees received in January, $360; received from sale of charts, $10.60; disbursements, $165.88; total balance, $1,652.28. Five nurses joined the Registry in January. Seven applications were considered and accepted. Miss Holman gave a most interesting talk on her work in the Social Service Department of Toronto General Hospital, which was appreciated by all present.

There was a sound of revelry by night on January 29th, 1913, when the Canadian Public School Nurses' Association held its annual "At Home" in the form of a dance. The Metropolitan Assembly Rooms were prettily decorated and bright with the many pretty gowns and happy faces of the large number of young people, who seemingly went for a good time—and had it. Nothing was lacking to make a most delightful dance; even the weather was favourable. The floor was excellent, the orchestra generous, and the pretty sitting-out rooms ensured the comfort of those who did not care to dance. The Association looks forward with increasingly pleasant anticipations to this annual gathering of its circle of friends which grows larger yearly. We hope on some of these occasions to have the pleasure of entertaining some of our out-of-town members.

The report of the Royal Columbian Hospital, New Westminster, B.C., for December, 1912, showed that the month began with 68 patients, 86 were received during the month and 88 discharged, leaving the hospital with 63 patients at end of month.

The musicale and dance given by the Toronto Western Hospital Alumnæ Association on Tuesday evening, February 4th, was one of the most successful in the annals of the Association. The Assembly Hall of the hospital was well filled with guests, and the tables in the supper room were beautifully decorated with flowers. Miss Bell, Honorary President, received with the President, Mrs. MacConnell. The musicale afforded great pleasure to the guests, as did the dance which followed.

Mrs. Bell, Graduate of the Toronto Western Hospital, who has been ill in the Alumnæ Ward of the Toronto Western Hospital for the past few weeks, is improving steadily.

Miss Fell, Graduate of the Toronto Western Hospital, Class '11, has gone to Moose Jaw, where she expects to follow her profession.

Miss Chapman, Graduate of the Toronto Western Hospital, Class '12, has taken the position of Assistant Superintendent of Barrie Hospital.

The annual meeting of the Toronto Western Hospital Alumnæ Association was held at the Nurses' Residence, Roseberry Avenue, Friday, February 7th, 1913, at 3 p.m., when the following officers were elected

for the ensuing year: Honorary President, Miss Bell, Lady Superintendent; President, Mrs. Valentine, 65 Lakeview Ave.; First Vice-President, Mrs. Yorke, 400 Manning Ave.; Second Vice-President, Mrs. Fortner; Recording Secretary, Miss Cooney, 16 Ulster St.; Corresponding Secretary, Mrs. MacConnell, 125 Major St.; Treasurer, Miss Anderson, 48 Wilson Ave.; Visiting Committee—Mrs. Gilroy, Miss Fee; Registry Committee—Miss Anderson, Miss Cooper; Programme Committee—Misses Butchart, Misner, and Neelands; Directors—Mrs. MacConnell, Miss MacLean, Miss Davis; THE CANADIAN NURSE Representative, Miss E. F. Elliott, 16 Ulster St.

Miss May MacCallum, Graduate of St. Michael's Hospital, Toronto, who has been in Portland, Oregon, for some time, has returned to Toronto. Her many friends welcome her.

Dr. W. H. Hill, of the Hygienic Institute, London, Ont., is giving instruction on health matters throughout Western Ontario.

The Vancouver Daily Province gives the following extracts from a letter written by Mrs. St. Clair Stobart, Commandant of the Women's Convoy Corps at Kirk-Kilisse, to friends in London:—

"As we (the Women's Convoy Corps) are the only British women who have been entrusted with the charge of a hospital for wounded soldiers in the Balkans, it may be of interest to the public to learn something of the experiences we have encountered.

"Our detachment consists of twenty-three—doctors, sisters, nurses, cooks and interpreter—and we had been invited by Queen Eleonore of Bulgaria, by the medical authorities, and also by the Croix Rouge, to improvise a hospital at Kirk-Kilisse; for this place, being within the active zone of operations, was in the most pressing need of nursing and surgical aid.

"The route from London is through Sofia, and on the arrival of the corps the Queen, who is herself a trained nurse and has been devoting herself heroically night and day to the organization of hospital work, invited us all to the palace."

She goes on to give a graphic description of the journey from Sofia to Jambali, and their seven days' journey in ox-carts from Jambali to Kirk-Kilisse.

"On our arrival at Kirk-Kilisse," she says, "we were told to select for ourselves from among the deserted houses of this conquered Turkish town any empty building we deemed fit for conversion into a hospital for the wounded. Before dark we were lucky enough to find three large houses, facing each other, on either side of a narrow, and, as usual, nameless street.

"Within thirty hours the Women's Convoy Corps Hospital was a going concern; beds had been put up, sack mattresses sewn and filled

with straw, packing cases converted into chairs and tables, empty bottles into candlesticks, etc., and already lines of bullock waggons were drawn up at the doors, and human remnants, shattered in arms, hands, legs—everywhere—were being carried on stretchers and by hand-seats to our new wards.

"Here our three doctors (women), our sisters and nurses, took the patients in charge and distributed the more severely injured in beds, as far as these were available, and when these gave out the weary wounded, who had travelled for many days in exposed ox-carts over rough country, their wounds untended, were placed on sack mattresses in the halls, corridors, outhouses, in every available inch of space, there to have their tattered, blood-stained garments removed and their wounds dressed.

"Our hospital contains, besides the fourteen wards, operating theatre, office, dining room for staff, etc., an out-patients' dispensary, to which soldiers who are not actually bedridden come daily to have their wounds dressed. Shrapnel, grenade, Mauser and Mannlicher bullets each tell their own tale, the Turkish Mannlicher being the most merciful in its effects. But in any case the men bear the bullets no grudge, and invariably as they are extracted hold out their hands for the prized memento.

"It is imposible to give more than this brief outline of the nature of our work, all done with improvised materials in empty buildings in a Turkish town, with difficulties of language and scarcity of food to be coped with. One fact, however, I should like to emphasize; that this work we are doing is pre-eminently woman's work. It was said at the beginning of the war that the duty of tending the wounded in the Balkans was "not fitted for women." To my mind this was synonymous with saying that women were not fitted for the work. Now though there may have been some hardships and privations, as they are termed, which women are not usually called upon to face, yet judging by the spirit with which these have been encountered by the women with whom I have been privileged to act, the fact may, I think, be regarded as established that trained and disciplined women are fitted for any work, under any conditions wherever alleviation of suffering is the object. As Commandant of the Women's Convoy Corps, I am grateful that, owing to the Balkan War Relief Fund, British women have, if only to a small extent, been represented in the work of helping to relieve the sufferings of the Balkan peoples in their valiant struggle for freedom."

The regular monthly meeting of the Toronto General Hospital Alumnæ Association was held at the Nurses' Residence of the Hospital on February 7th, at 3.30 p.m., the President in the chair. There was a good attendance. Dr. MacMurchy addressed the meeting on "Social Service from the Physician's Standpoint." Dr. MacMurchy showed in

her own clear and inimitable way the need for social service if the work of the physician was to be of lasting benefit to the patient. The physician had often to do work over and over because the conditions which produced the illness had not been remedied. The aim of social service is to study questions of social reform, to seek to bring about ideal conditions for all, so that the world's work will be carried on with the greatest possible efficiency. Dr. MacMurchy told the Alumnæ of the great satisfaction it had given the Committee on Social Service to have the active interest and service of the members in this work.

The Directors of the Club thought that a series of lectures for the nurses of Toronto would be helpful and valuable, and appointed a committee to act in conjunction with a committee appointed by the Executive of the Graduate Nurses' Association of Ontario. The first of the series was given on January 31st by Dr. Jessie McBean, a missionary in South China, who is home on furlough. The lecture was listened to with interest by a large audience. The great need of more workers in the foreign field was emphasized by Dr. McBean.

Dr. McBean will give an illustrated lecture on her work in St. John's Presbyterian Church, corner Broadview and Simpson Avenues, Toronto, on the evening of March 6th.

Miss L. L. Rogers entertained Mrs. Florence Kelly, of New York, at tea at the Club. Mrs. Kelly lectured on "The Shopping Public and the Wage Earner," under the auspices of the Club for the Study of Social Science.

On Monday, February 10th, twelve Club members held a Valentine supper. The table was decorated to suit the occasion, and the evening was enjoyed by all.

The Alumnæ Association of Riverdale Hospital has issued cards for a dance to be held at the Clubhouse on the evening of February 14th.

The Women's Press Club have also issued cards for a Valentine party to be held on Saturday, February 15th. "Alice in Wonderland" is to be the predominating feature of the evening.

The Twilight Musicales are well attended and much enjoyed.

The Florence Nightingale Association held its monthly meeting on Tuesday, February 4th. Dr. G. W. Ross gave a most interesting talk on "The Use of Serum and Bacteria Vaccine in Medicine."

The White Slave Bill recently passed by the British Parliament permits a constable to arrest, without a warrant, a suspected person. Procurers may be imprisoned and also flogged. A number of procurers have fled from London since the passage of the Act. Where have they gone? It is obviously necessary for every country to take some action, that these evil traffickers in human lives may find no abiding place.

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Ontario.

Hospital—Victoria, London.
Established—Training School incorporated by Act of Parliament, Ontario, 1882.
Registered—Albany, N.Y.
Superintendent of Hospital—Thos. H. Heard.
Superintendent of Nurses—Margaret E. Stanley.
Number of beds—Three hundred.
Graduate nurses on staff—Seven, and one dietitian.
Pupil nurses—Eighty-five.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics. Dietetics, Eye, Ear, Nose and Throat, Contagious Diseases, Tuberculosis, Social Service.
Affiliation—Alexandra Sanitarium, Byron.

Hospital—St. Joseph's, London.
Established—1889. Training School, 1900.
Registered—1889, in London.
Superintendent of Hospital—Mother M. Nuchtilde.
Superintendent of Nurses—Sister M. St. Roch.
Number of beds—Eighty.
Graduate nurses on staff—Five.
Pupil nurses—Forty-three.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics.

Hospital—The City, Hamilton.
Established—1860.
Registered—Albany, N.Y., 1911.
Superintendent of Hospital—Dr. W. F. Langrill.
Superintendent of Nurses—Kate Madden, R.N.
Number of beds—Three hundred and sixty-six.
Graduate nurses on staff—Four, and one dietitian.
Pupil nurses—Eighty.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics, Contagious Diseases, Children, Dietetics.

Hospital—The Nicholl's, Peterborough.
Established and registered—1886.
Superintendent of Hospitals and Nurses—E. M. Beamish, R.N.
Number of beds—Forty.

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Hospital—The Ross Memorial, Lindsay.
Established and incorporated by Ontario Legislature—1902.
Superintendent of Hospital and Nurses—Nellie M. Miller.
Number of beds—Thirty-two.
Graduate nurses on staff—One.
Pupil nurses—Twelve.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics, Dietietics.

Hospital—The General, Belleville.
Established—1886.
Registered—1890, Toronto.
Superintendent of Hospital and Nurses—Miss C. H. Greene.
Number of beds—Seventy-five.
Graduate nurses on staff—Two.
Pupil nurses—Fifteen.
Term of training—Three years.
Branches of training—General.

Hospital—General Marine, Owen Sound.
Established and registered—1892.
Superintendent of Hospital and Nurses—Maude M. Redmond.
Number of beds—Seventy-nine.
Graduate nurses on staff—None.
Pupil nurses—Fourteen.
Term of training—Three years.
Branches of training—General.

Hospital—Grace General, Toronto.
Established—1893.
Registered—Albany, N.Y.
Superintendent of Hospital—Dr. Edith Beatty.
Superintendent of Nurses—Georgia L. Rowan.
Number of beds—One hundred and twelve.
Graduate nurses on staff—None.
Pupil nurses—Forty-one.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics, Eye, Ear, Nose and Throat.

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Superintendent of Hospital and Nurses—Miss Reekie, R.N.
Number of beds—Eighty-five.
Graduate nurses on staff—One.
Pupil nurses—Thirty.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics, Contagious Diseases.
Affiliations—Guelph Isolation Hospital.

Hospital—Woodstock General, Woodstock.
Established—1895.
Registered—1904, Albany, N.Y.
Superintendent of Hospital and Nurses—Frances E. Sharpe.
Number of beds—Forty.
Graduate nurses on staff—One.
Pupil nurses—Ten.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics.

Hospital—Riverdale, Toronto.
Established—1895. Registered in Albany, N.Y., 1905.
Superintendent of Hospital and nurses—Kate Mathieson.
Number of beds—One hundred and seventy-four.
Graduate nurses on staff—Three.
Pupil nurses—Twenty.
Term of training—Three years. (Two years and three months in Riverdale.)
Branches of training—Contagious diseases.
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ELEMENTARY BACTERIOLOGY AND PROTOZOOLOGY; The Microbiological Causes of the Infectious Diseases. By Herbert Fox, M.D., Director of the William Pepper Laboratory of Clinical Medicine in the University of Pennsylvania, Pathologist to the Zoölogical Society of Philadelphia, etc. Illustrated with 67 engravings and five coloured plates. Lea & Febiger, Philadelphia and New York.

The author gives the beginner a clear idea of the "Nature of micro-örganisms and their relation to the world's economy, especially in disease." ."Emphasis has been laid upon how bacteria pass from individual to individual; how they enter the body and act when once within, and their manner of exit." This book makes very clear a subject that is very puzzling to the young nurse.

OBSTETRIC AND GYNECOLOGIC NURSING. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Obstetrician to the Jefferson Hospital; Obstetrician and Gynæcologist to the Philadelphia Hospital; Consultant to the Preston Retreat; Member International Society Obstetricians and Gynæcologists, American Gynæcological Society, etc. 12mo volume of 480 pages, fully illustrated. Fourth edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company, 1913. Buckrom, $1.75 net.

"Appreciating the value of good nursing in hospital and private work, the author hopes that this book will be of interest and value to trained nurses." A work so complete, thorough and practical will not be unappreciated by nurses.

LECTURES UPON THE NURSING OF INFECTIOUS DISEASES. By F. J. Woollacott, M.A., M.D., B.Ch. Oxon., D.P.H.; Senior Assistant Medical Officer, Grove Hospital, Metropolitan Asylums Board. Second edition. Price 2/6 net. The Scientific Press, Limited, 28, 29 Southampton St., Strand, London, W. C., England.

The opening chapters deal with infection, prevention of infectious diseases, and general management of infectious diseases. The nursing care necessary in each—scarlet fever, diphtheria, measles, small-pox, enteric fever, whooping-cough, with complications of each—is carefully given in the other chapters. There are fifteen in all. Barrier and cubicle nursing are given attention in this edition.

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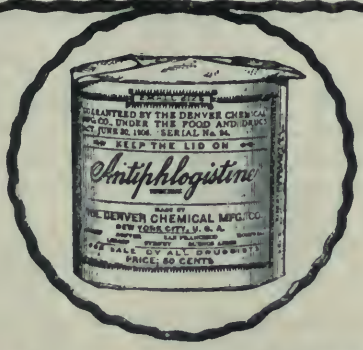

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MARRIAGES.

ROSS-SEMPLE—At Toronto on February 5th, 1913, by Rev. Dr. Gilray, Dr. C. F. W. Ross, of Keene, Ont., to Miss Jennie Semple, Graduate of Riverdale Hospital, Toronto.

BOWLBY-BLAIKIE—At Toronto on January 29th, by Rev. R. J. Moore, Miss Mary Ethel Blaikie, daughter of Mr. Robert Blaikie, Simcoe, Ont., to Mr. Allington Tupper Bowlby, barrister, Toronto. Mrs. Bowlby is a Graduate of Toronto General Hospital.

ARMSTRONG-STANDISH—At Lacombe, Alta., on January 23rd, Miss Olla Standish, Honor Graduate of Vancouver General Hospital, and late Superintendent of Hospital at Merritt, B.C., to Mr. G. B. Armstrong, President of the Board of Trade, Merritt.

SMITH-STRETTON—On January 30th, 1913, at Our Lady of Lourdes, by Rev. Father Canning, Eva Caroline, second daughter of Mr. and Mrs. A. M. Stretton, Edgewood Ave., Toronto, to Dr. George W. Smith, of North Bay. Mrs. Smith is a Graduate of Riverdale Hospital, Toronto.

HOYT-GORDON-MILLER—At Our Lady of Lourdes on February 5th, Miss Edith Gordon-Miller, daughter of Captain and Mrs. Gordon-Miller, Toronto, to Mr. Chester T. Hoyt, Port Credit, Ont. Mrs. Hoyt is a Graduate of St. Michael's Hospital, Toronto, Class '12.

BLINKHORN-GANLEY—On February 4th, 1913, at Collingwood, Miss Mary F. Ganley, Graduate of St. Michael's Hospital, Toronto, Class '09, to Mr. Ernest H. Blinkhorn.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IX. TORONTO, APRIL, 1913. No. 4

THE NEED OF ORIENTATION.*

By ANNIE W. GOODRICH, R.N.
Inspector of Nurse Training Schools in the State of New York.

The opening paragraph of Professor Reudiger's "Principles of Education" is entitled The Need of Orientation. The writer proceeds as follows: "It is well, when beginning to work in a new department of knowledge, to orientate oneself by taking a brief view of the entire field of which the particular subject in hand forms a part." Later he says, "The problem of the content of the educational field may be effectively approached by asking of what the professional training of the teacher (for Professor Reudiger is dealing with the preparation of teachers) should consist; what are the activities for which the teacher in training must prepare, and what are the subjects that will minister to their preparation?" The need of such a study is strongly evidenced by the great variations in the preparation of those who are practising the comparatively new profession of nursing, a profession whose activities are already numerous, the demands upon whose members are very varied, and whose growth in numbers has been greatly engendered by the evolutionary process that has turned women in such large numbers into the occupational field, and by the advance in scientific surgery and medicine.

The field of nursing, briefly defined, is under the direction of the doctor, the care of the sick in the community of all classes, of all ages, with all forms of diseases; the acutely sick, the convalescent, the chronic. The activities fall into three groups: private duty, the care of the sick in the home; institutional, administrators, teachers, and pupils; public health, visiting nurses, social service, school, infant mortality, etc.

Those who are practising in this field: It has been stated that the occupational statistics of the United States show that one hundred thousand women are practising nursing, one out of ten, only, being hospital trained. We believe that the number practising is greatly underestimated. The American Nurses' Association reports over twenty thousand, all of whom have received their preparation in hospitals. There is little reason to doubt the accuracy of the statement concerning the proportion of hospital trained to untrained. One correspondence school—and there are a number of these schools in New York alone—reported

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three thousand in its last graduating class, while the total number of pupils reported in 123 registered schools in New York State in 1912 was 3,623, the number graduating being only 1,184. It is said that the largest school west of New York reports only a few over 600 graduates in twenty years. One correspondence school reports twelve thousand graduates in ten years. There is, moreover, no law in this State that debars anyone from calling herself a nurse and practising as such. Ninety per cent., therefore, of the women now practising nursing have either had no preparation whatsoever, or have been prepared through correspondence courses or in the so-called short-course schools, which means a few months' experience in the homes of the sick, together with some theoretical instruction. The announcements of these schools are alluring and unquestionably deflect many women from the hospital preparation. I beg to submit a few samples:

"We provide students with practical experience, either in one of the many hospitals with which we are affiliated, in this and many other cities, or under a physician near her home, who acts as local instructor. All of our lectures are prepared, and examinations graded, by our faculty of physicians, who are in the front ranks of the medical profession, some having national reputations. Our graduates are successful and earn from $15 to $30 per week. Six months is the length of time generally required for an average student to complete the work on lectures."

"Nellie W. earns $18 to $30 a week.—Miss W. earned between $700 and $800 from her first case, which we supplied her, at $18 a week."

"Our system is so thorough that not one in 100 of our students fails to pass in the final oral examination. If one should fail, we would give her another opportunity."

Letter issued to Registries for Nurses:

"Dear Friend: We desire to interest you in the employment of our student nurses, at undergraduates' salary, for mutual benefit. We are not a Nurses' Registry or Agency, and do not care to become one. We prefer employment to come through regular registries, to whom all commissions are paid, as we do not accept them. We presume your registry has calls for and gives employment to undergraduate nurses. Instead of the ordinary practical nurse, we believe you would prefer one educated in her work as well as experienced, because safer, giving better satisfaction and being a credit to the registry. Our student nurses have by their study, thorough teaching upon every point, and practice attained a reputation for giving satisfaction that merits their liberal patronage. They are especially prepared for attending contagious cases, and their work in obstetrics is highly commended."

A brief consideration of the preparation of the 10 per cent. who are hospital trained will be of interest. The training may have been

obtained in general or special hospitals or sanatoria, having a daily average of from six patients to four thousand, and cared for in houses more or less remodelled for the purpose, or in the most perfectly constructed and completely equipped hospitals. In New York State, institutions registered by the Regents are required to have fifty beds and a daily average of thirty patients; there is no law, however, that debars any institution for the care of the sick from maintaining a training school. The minimum length of the course, except in hospitals offering experience to graduate nurses or pupils in training from other schools, is a year, the maximum four, the average length being three years. The experience may include all branches or may be limited to one, regardless of the length of the course. A large per cent. of the so-called general hospitals should be entered under the head of special. A study of the registered schools in New York showed the division of cases in 75 per cent. to be as follows: surgery 18, medical 8, children 4, obstetrics 2. Experience in certain branches is required of the registered schools in New York State. The age of admission is from 17 to 40 or over. The tendency is, however, toward the admission of the younger pupils, and, with the curious reversal of the usual order of things that seems to prevail in training schools, the youngest and most limited educationally, with a few notable exceptions, are found in the institutions for mental diseases and for infants and children, though it would seem that for the care of the child and the irrational patient would be required the highest intelligence and the most mature judgment. The more limited pupils, from the standpoint of age and education, are also found in the general hospitals that offer the fewest advantages from every standpoint,—that is to say, those most limited in clinical material, in the number of supervisors and instructors, with inadequately equipped departments, whose schools are without libraries or class-room, and whose pupils are lodged in overcrowded dormitories.

Until recently no emphasis was placed on the educational qualifications of the candidate, and as long as the supply exceeded the demand, inasmuch as the more highly educated woman almost invariably proved herself to be the better subject for training, the importance of a standard was not appreciated. No such selection can obtain to-day, and the educational range is from the seventh grade, grammar, to the full college course. The pupils are not graded upon admission according to their educational qualifications, all being entered on the same basis. The curriculi from the standpoint of the subjects are fairly uniform. The number of hours devoted to theory, however, presents great variations, ranging from 74 to 822 for the entire course, the weekly average being from two to three hours, while the weekly average in practical experience is 67 hours a day, except in the hospitals for the insane, where it averages 77, and at night the average is almost universally 84; hours that

would not seem to accord with the desires of the community as expressed in the 54-hour labor law for women and children recently passed in this State. The variations in the number of the administrative and teaching force is as great as in the number of hours of theory. The fifty-bed hospital may provide a superintendent of the hospital who is also superintendent of the training school, without graduate assistants, and twelve to fourteen voluntary lecturers, or may provide an administrative and teaching staff numbering from five to six. The same variations exist in the larger hospitals—the theory of one branch may be given in the first year, the practical experience in this branch may not be given until the last or may not be given at all. Anatomy and physiology may be repeated year after year to the entire school, or it may be given in the first few months of a comprehensive and complete preparatory course. But little attention appears to be paid to the changes in medicine or in modern aspect toward disease. With many periods allotted to hygiene and sanitation in the secondary schools, with much emphasis placed on the necessity of a thorough knowledge of these subjects on the part of the teachers, with the popular magazines and newspapers giving much space to it, the future public-health agent, the pupil nurse, whose long hours leave little time for the obtaining of knowledge from current literature, is given an average of from six to eight hours' instruction in this subject. The annual reports of registered schools show that the hours devoted to this course range from one to seventy-two. Despite the tendency to depreciate the value of drugs and emphasize the value of diets, the hours allotted to materia medica, though reported as from eight to eighty-four, average twenty-five, while the course in dietetics is very generally limited to twelve.

From this incomplete and fragmentary presentation of the preparation of the nurse, into which much might be read that has not been said, it is not difficult to conceive that there should be dissatisfaction, and justifiable dissatisfaction, on the part of the public, the doctor, and the profession, with the existing conditions in nursing. What it is difficult to conceive is that such conditions should be allowed to exist. To place the sick in the hands of such a heterogenous body, turning out of the room the mother, whose maternal instinct and maternal love are no mean factors in a correct perception of the physical conditions of her child, or those members of the family whose experience in life, together with the advantage of a broad education, have made them keen and intelligent observers, and whose ministrations from many standpoints would be more acceptable, is contrary to all the doctrines and methods that obtain to-day. For the practice of all professions, and even some of the trades, a license is required to protect the public from fraud and incompetence. If this is an age of specialization, it is also an age that appreciates that specialization, to be sound and effective, must have a

broad general knowledge for its foundation. Never was so much emphasis laid on the value of intelligent labor. What is the great educational system but a machine for the production of intelligent citizens, and a machine whose component parts are being constantly readjusted to meet new needs as expressed in new activities, making for the greatest output of the individual, with the least possible expenditure of time, money and energy?

Says Bagley*: "There is at the present time a marked tendency so

* Bagley's *Educational Values*, page 148.

to reorganize the scientific work of the high schools, that a direct utilitarian value will be more frequently realized. The introduction of specialized courses in agriculture, mechanics and household science cannot fail to have a reflex influence upon the teaching of the basic sciences, emphasizing their practical phases, showing at every point the large improvement and economy that come from a rational rather than from an empirical procedure, and, above all, giving the pupils actual practice in the application of principles to everyday problems."

There are few trades, and certainly no occupations, that have the elements of a profession that do not require at least two years of the high school. In the past two years not an inconsiderable number of educators have been approached concerning the academic qualifications to be required for the profession of nursing, and also with the hope of a closer affiliation between our schools and the general educational system. We have been met on every hand more than half way by the principals of the high schools and also by the faculties of the colleges, for the need of a closer affiliation between the university and the schools of medicine and nursing is being generally appreciated, as a need of a closer affiliation between the secondary schools and occupations of a less educational nature. Under the existing conditions it was generally felt that little could be done. I think it could be correctly stated as the consensus of opinion, however, that at least the full high school should be required for admission to schools of nursing; many expressed astonishment that this was not the requirement.

Said the First Assistant Commissioner of Education, in an address read before the New York State Nurses' Association: "I submit that when the law placed the age at twenty-one years, it assumed that the candidates for admission to these training schools should have at least a high school education. Girls graduate from the high school at an average age of less than nineteen—eighteen and a fraction. It was never thought that this would not be the educational preliminary requirement for admission to a nurse training school.

"There is to-day almost no occupation that requires skill and expertness that does not demand two years of a high school training, at least, of those who would enter upon training."

Said Professor Winslow, in an address presented before the American Nurses' Association on The Rôle of the Visiting Nurse in the Campaign for Public Health: "All this requires, obviously enough, a highly trained and specialized expert. I have no knowledge of the requisites for sick nursing, but it is quite clear that in public health work the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing or infant hygiene. She must know these things, not merely as a practitioner, but as a teacher, which means not only a knowledge of details, but a vision of their right relationship and a talent for effective presentation." If this is what is required of the visiting nurse, I maintain that it is required for the nurse in private duty. I cannot see the nurse, wherever she is found, as other than a public health servant; in the private house, a resident agent for the prevention, as much as the remedying, of disease, and one whose opportunities for social service are as unlimited as those of her sister, the visiting nurse; and I contend that every nurse, to be an effective agent in the conservation of that great national resouree, the public health, and to intelligently co-operate to that end with the medical profession, should have a broad general edueation, not less than a full high school course, her studies there to be directed toward her later professional preparation. Upon the completion of the high school eourse she should enter upon her three years' professional preparation. For three years it should be, except for the college graduate, for whom a time allowanee, possibly not to exceed a year, should be provided, and since, to quote again the First Assistant Commissioner, "no institution is a school within the meaning of the law that from the beginning gives its pupils a super-amount of practice without adequate grounding in the principles and theory," not less than four months, and preferably eight months, should be devoted to such theoretical preparation, in central schools of nursing or departments of nursing in the colleges, for it has been clearly demonstrated that the burden and expense of such preparatory preparation cannot and should not be carried by the already overburdened hospital. The preliminary professional preparation must be followed by not less than two years' practical experience in the hospital, the units of such experience to be determined by the vital statistics, not by what the individual intsitution has to offer, with a definite period apportioned for each branch. Roughly estimated, as we see the need to-day, this might be: medical nursing four months, surgical nursing four months, pediatrics three months, obstetrics two months, mental diseases three months, tuberculosis three months, operat-

ing-room technic two months, dispensary one month, making a total of twenty-two months, and should include the care of both private and ward patients. The experience in each of these branches should be intensive: by this we mean that the entire time of the pupil should be devoted to the actual *nursing* care of the sick, in properly equipped departments, with a sufficient amount of clinical material to insure a thorough knowledge in the different phases of the different branches and under a competent and sufficient supervising and teaching staff, with the proper correlation of theory and practice.

For those desiring to specialize in any one branch or in the different activities, additional preparation should be required, of from three months to a year, according to the specialty. Furthermore, to insure that this shall be the preparation, and to make clear to the public who are so prepared, it should be required by law that all who practise this profession shall be licensed by registration.

It was not my purpose to present to-night such a study as Reudiger outlined. I would I might have read my paper by title, for it epitomized all that I had to say. I do wish to emphasize, however, the urgent need of determining upon a minimum general and professional preparation of the nurse, and, by such a rational method as Reudiger outlined, completely divorcing for the moment all consideration of the need of the hospital for a free nursing service, or of the public for a cheap article, believing that the conclusions so reached will be for the ultimate benefit of all member of the community, rich or poor. Cheap nursing for the poor, on careful analysis, will prove to be very costly nursing for the community.

If there is another body or class of workers needed, it will come into existence; we believe, indeed, that such a class is here, and is only waiting to come into an orderly existence, for the field of the more important worker, the nurse, to be defined. This body, too, sooner or later, if it demonstrates its right to exist by its usefulness, will probably also require to be regulated by law, and the scope of its work defined. It should be designated by a name distinctly different from that of the nurse, and already such a name appears to have been applied—the attendant. If the doctor and the family are satisfied to relegate their sick into her hands, well and good. Our responsibility ceases; our point has been made when the line of demarcation is clear. There is no confusion to-day between the doctor and the nurse. When the family has engaged the nurse it knows that it has not engaged a doctor; it does not know, however, that it has not engaged an untrained attendant. From the statistics previously presented it is not unreasonable to imagine that, in nine out of ten cases, this is what it has, and probably unwittingly, procured.

We have no fear, with proper legal protection, of the encroachment

of the attendant upon the domain of the nurse. We do not understand that any decrease resulted in the ranks of the medical profession with the advent of the nurse; what we do understand is, though we may be mistaken, that the medical profession is vigorously protesting against an increase in its numbers at the cost of its standards, and, therefore, ultimately, at the cost of the public health.

Into this effort to standardize nursing should not be read an encroachment upon the domain of medicine; what could and should be read into it is a great tribute to the members of the medical profession, for it is they who are responsible for the largeness of our concept. Through their eyes we have grasped the significance of intelligent, accurate detail work in the care of the sick. It is our realization that the great truths which they are seeking may be imperilled, or may be hastened in no small measure, by these agents, that impels us to strive so earnestly and unremittingly for higher and better standards. The standards we are striving for, for the protection of their scientific conclusions alone, the medical profession should demand.

PRACTICAL NURSING VERSUS IDEALISM.

By Miss J. F. Botting, Montreal.

Clothes and food are such material things and so common. Anybody can eat and wear clothes, and so prevalent have the practices of eating and dressing become that even should a trained nurse, conscious of the weakening influence of following when born to lead, resolve to innovate and save to herself a little originality of purpose and practice along other lines—Alas! She might get along without the clothes and keep to uniform, but she would have a battle royal with herself when beefsteak odors came to her from two-thirds of the houses on the street every day at noon, yes, even a cabbage smell would soon become irresistably ravishing.

Well, then, what about it?

Does a nurse carry on her work to make a living, and if she does, is it really nice of her?

And do the really nice nurses, the made-in-heaven ones, do it?

The answer to the question can perhaps best be made by applying the answer given by a very religious old cobbler to a man who inquired of him what he did for a living. He replied: "I serve the Lord for a living, but I mend shoes to pay expenses."

And I imagine he was lots happier and easier in his mind when he had lots of shoes to mend, though his primary object in life might have been serving the Lord.

And a nurse must do something to "pay expenses." Not nursing, of course, she nurses to alleviate the sufferings of her fellow-creatures,

but she becomes a member of a fixed rate nursing association and sends in her bills to pay expenses.

The fact of the matter is that in large Canadian cities there is not now the actual need for the amount of self-sacrifice on the part of the individual nurse, that there is in smaller places, nor such as has been the need in these cities in years gone by.

In large Canadian cities, and to some extent in smaller places, more or less organized efforts are made to look after the poor, and the sick, whether rich or poor.

At another time, if I am given another opportunity to speak to nurses through the pages of THE CANADIAN NURSE I should like to speak of the inter-relations of the nurses employed by hospitals and nursing associations and private nurses. But at this time I must not ask for space to do this as it could not be done fairly nor at all convincingly without going into details that would of necessity cover a great deal of ground that we do not really need for our present purpose. But we must touch upon the subject sufficiently to divide up responsibilities.

When Jeanne Mance started what is now "The Hotel Dieu" in Montreal, she was nursing staff and organization in one. That is, she instituted a scheme of nursing and became responsible for carrying it out. In the same way many a nurse in Labrador, South Africa and other out-of-the-world places, or even in country places and small towns where the need of nursing care is great and the number of nurses few, many of these nurses have to assume responsibilities that nurses in the large cities *should not* be asked to assume, nor should they not be so short-sighted as to suppose it their duty to assume them. To my mind, when hospitals and nursing associations are prepared to look after the needs of the sick poor of the cities: when these organizations get the credit of doing this work and are supplied with funds by the citizens, the wealthy and those who are not wealthy but who wish to aid in this good work; when in this way personal responsibilities are swallowed up by united effort and in a sense, public funds, the individual nurse in these cities is not the individual from whom *charitable* work is to be expected. There may be cases where it is to be expected of her, where, indeed, it would be a sad reflection upon her profession if she failed to perform her duty along these lines. But it is more often than not the case that either a nurse has been blindly credulous or hopelessly misguided by what to her looked like personal interest or necessity; or over-influenced or even coerced into self-destroying over-work by the organization employing her, or the doctor for whom she is nursing, or the family in which she is nursing, when she assumes responsibilities that ought to belong to some hospital or nursing organization, and would in all probability be gladly undertaken by either if the doctor or

the patient's people or the nurse herself were not to blame for wresting responsibilities for unworthy or misguided reasons. We have said that hospitals are designed to, and do, take care of a great many poor people in large cities.

True, a great many people in straightened circumstances prefer to be nursed at home and love to have a nurse come and care for them, but cannot understand why she should charge a fee even of two dollars a day, or why she should ask for relief or outdoor exercise. Now, is a nurse with her own living to earn and her own health to consider, to be expected to reduce her fee by a half or a third in order to take care of these people simply because they *prefer* home nursing to a hospital?

These, too, are the people often that can criticize every real fault a nurse has, and magnify into full life the foreshadowing of those little white faults that are coming, beside imagining every fearless, sensible stand the nurse takes in self-protection to be a most glaring fault. "She expects to get the air every day." "She expects to sleep," etc.

Is a nurse hard-hearted or is she simply level-headed who, when she is approached to nurse cases of this kind, proceeds to inquire whether the case demands the self-sacrifice, whether it might just as well as not go to a hospital or be taken care of either by friends who should be responsible or by a nurse who would have her full fee paid by these friends, who would also see that she has rest and exercise in the open air. But the doctor may not want the patient to go to the hospital, and may expect the nurse, *as a favour to him,* to nurse the case at a reduced fee. Perhaps he will have a poor opinion of her if she does not.

There is a type of doctor who will ask largely for favours from a nurse, or more often will expect her to nurse for him with an eye single to his interests, though he may not put any plea for favours in the form of words.

All this is for the return of his good opinion and the promise of his work. Doctors of this type may even ask these favours, knowing that some arrangement on the patient's part could be made whereby the nurse would not have to sacrifice so much. They, moreover, change their opinion of the nurse upon very slight provocation sometimes, and forget the promise of their work very easily, if some other nurse who pleases them better or will do more for them comes along. This is the kind of doctor usually who does not feel bound to reduce his own fee for poor cases, does not risk his standing with the patient's family by undertaking to arrange with them about the nurse's comfort in any way and cannot be persuaded to get out of bed in the middle of the night to visit a case for anything less than death—or twins.

Must the nurse always try to keep matters going smoothly with doctors like these? I think not.

He may cease to employ a nurse who will not do everything he asks of her, he may even run off to some undergraduate register for a time. But a good nurse can get along without him much easier than he can get along without her, and nurses like her. One or two nurses from an undergraduate register may serve to awaken him.

If not he will likely feel more at home with undergraduates anyway, and they with him, and why interrupt the harmony? His twin-brother is the man who *moralizes* about the nurse's fees. He may be, and I was going to say, usually is, an elder or deacon in some church to which he goes every Sunday morning, in long coat and silk hat, and sits gazing piously at the minister with the expression of a long-metre hymn on his face. But he is a Philistine nevertheless, though a very plausible, oily one except when he gets angry and swears, as he has been known to do. However, he is better than still another brother of his who is so "oily" that he never allows himself to forget and swear, but keeps silent and plans some way of getting even instead.

These very lovable brethren talk of the atrocity of a nurse charging big fees to care for sick people (they increase theirs as often as they dare), it is wrong to do it, and quite unnecessary. If nurses nowadays did not wear silk petticoats and things of that kind there would be no need to charge two dollars and a half a day." This last statement is a really, truly quotation from one of these doctors in Montreal, at the time when private nurses were charging two dollars and a half a day. We shall not even stop to contend that a nurse who has managed to keep her health and has been able to work and save money with which to buy silk petticoats and *things,* is as much entitled to wear them (provided the things are nothing really bad—no worse than hobble-skirts), as he was entitled to his silk hat bought at the expense of some poor, dear patient's pain.

As to the fee—well, I have things to say about it myself—next time. This time I shall just say that if a nurse must be obliged by any association to charge a *fixed* fee, then she should begin at once to be inventive and figure how to get around it sometimes. I do not mean anything shocking—just this.

If I am so situated that I cannot refuse a poor case because it is a case for a private nurse and not for a hospital; if, in fact, I wouldn't think of refusing it under the circumstances, and yet I feel that a fee of three dollars a day could not be thought of. There are things I can do without failing in the letter of my obligations to the nursing association. I can nurse as long as my humanity will let me at three dollars a day and then give my services for the rest of the case. I can give my services out-and-out. I can charge three dollars a day for the whole case and then head a subscription for the patient in a rather liberal way.

I can make out my three-dollar-a-day bill and then cut it in two.

Not very shocking! And in each case you observe I charged three dollars a day—except when I charged nothing. But let me impress this thought: Unless a nurse allows herself to be played upon, it is my opinion that in a large city, in the year nineteen hundred and fourteen, cases of this kind do not often come in a nurse's way—there is usually some person or persons or some hospital or nursing organization to assume responsibility, instead of some nurse, who has a hard enough time to make her way in the world. It is especially wise to have a good, long perspective in nursing. In the days when we had to bother with "vanishing points," "lines of vision" and other worries, we wondered what use we would ever make of it all. But we didn't know that we would happy and that she is at an expense on account of not being able to in which we made our own living by the sweat of our brows—or the soiling of our bibs.

So if a nurse finds herself in a home where great economy has to be practised, where the sick husband worries over expenses and the well wife talks expenses.

If the man stays sick a long time and keeps on getting sicker until the poor nursie finds that if she is to get any sleep she must have another nurse to help her; if the wife now *weeps* expenses and the husband *frets* expenses, what is the nurse likely to do?

She *may,* and often *does,* get along alone, goes without sleep or with so little that her brain is half dizzy all the time and her back never gets the ache out of it. She doesn't give the wrong powder nor any powder at the wrong time but—she might very easily. Then the patient dies—all but, and she goes with less and less sleep, is just able to keep up till she, professionally speaking, pulls him over the last ditch and gets him on the winning side. Then, despite the fact that she begins to get more sleep and has easier work, she can't "catch up," and still keep on duty; so by the time she leaves the case, she is a candidate for bed, and is off duty for weeks, may be months in a hospital. Then she realizes that those people have a comfortable home, are well and happy and that she is at an expense on account of not being able ti work, that consumes the money she made on her last case so rapidly that before she has been off duty as long as she was on her case, the money made on that case is gone.

Now the trouble is she compared her circumstances with those people's circumstances, too late. Do that in perspective. Say to thy soul: "O nurse, this is the day of trouble for these people. The outlay is great just now and the income limited. But this kind of thing does not happen them often. They have had prosperity, they likely will again. In case the man dies his wife has her home, that is more than I have. If he lives it will not take him long to make up for this sickness. Per-

haps they cannot readily afford two nurses now, but they can arrange to pay them and 'make it up' afterwards.

"I'll let them borrow.

"I'll let them mortgage.

"I'll at all events *let* them get another nurse some way."

This may seem heartless, but I speak from experiences that have taught me that the emergency now "on" with an afflicted family may not be nearly so disastrous to them as the emergencies awaiting the nurse may be to her if she does the work of two nurses in trying to tide that family over its difficulties. Especially, I think, should a nurse do a lot of thinking for herself in her business arrangements with nursing institutions of every kind.

Here I think is the greatest danger of overwork and inadequate pay. And as the nurse in safe-guarding herself in her dealings with these institutions, is not dealing with sick people or poor people, but with organizations with more or less money behind them, she will always do well to remember that her dealings with these institutions are *business transactions,* and if carried on on any other basis than value given for value received, she is likely to find that any little presents of time and strength she has been making (for it will always be the nurse who will be over-generous) have gone (in the form of money saved) straight into the coffers of the institution and not, as it appeared to her devoted, unselfish mind to meet pressing needs that could not otherwise be met. I do not mean by this that a nurse should give grudging service, or that she should throw down her tray or hypodermic when seven o'clock strikes (like an Italian workman doing service for the King on the city streets) and walk "off duty," whether her work be finished or not. Nothing is more tiresome than the nurse who is always looking out for herself and fearing that she will be abused or overworked if she *ever* is asked to do anything "not nominated in the bond." But this kind of nurse is the outcome of a system (or lack of system) whereby nurses are overworked and underpaid.

And in speaking of the nursing organizations that are usually guilty of thus treating nurses, I do not refer to the well-organized hospitals that have regular hours of duty for the nurses they employ, but *some* of the little "double-horse" places, run usually by a doctor, and *some* of the nursing associations that are organized and managed by lay persons who, to do them justice, are not in a position to *know* when nurses are overworked; but who, nevertheless, expect such great things for the money that they really work hard to provide, that it becomes pretty hard for the Superintendent (nurse though she be) that they put over their nursing staff, to satisfy them on the one hand and look out for the well-being of the nurses on the other. Then the only thing for the nurses to do is to look out for themselves, not by giving a continual

complaining, grudging service, but by trying to establish permanently pleasant, satisfactory relations between themselves and their employers in a straightforward, business way.

But this is difficult for the individual nurse; difficult but not impossible, even for the individual nurse. And as the question of salary is one that affects all the nurses of an institution or organization, a little co-operative action would make it possible to put before the proper people the nurse's view of matters as cheerfully as these people put before the nurses and the general public, the work from their point of view. Business is business, and there is undeniably a business side to a nurse's life.

There is also the other side. The skeleton of nursing must be value given for value received.

The spirit of nursing must at any cost be service given for which no money value can be returned; work so whole-souled, so unquestioning as to its demand upon the strength, the courage, or even the health of the nurse, that money will not pay for it. Nurses *must* think of the financial side of their work, but they must never forget the *character* of that work. They may have to lose money, they *do* sacrifice health, but they allow no unholy hand to touch their ideals.

When the great question, the *vital first* question, arises, of alleviating suffering and meeting the demand for nurses, whether in hospital, visiting nurse organizations or private nursing the first consideration cannot be business nor money. The sick and suffering must be cared for whether there be money to pay for the nurses or not. But nurses must not *take it for granted* that there is no money just because there doesn't seem to be much. And, above all things, no nurse should allow herself to become so credulous as to believe that her salary is more than it is, just because some committee tells her it is, or she reads that committee's report in the newspaper. Uniform, coats and hats used only, and usable only, as a rule, for the work for which they are designed, and street-car tickets with which to ride to and from your cases, can hardly be called salary or any part of the salary of a nurse. Let us be wise as serpents and coo-cooey as doves and we shall "last" longer and be loved just as much.

But as to the coo-cooey side. If it be true that a nurse is simply short-sighted, credulous or lacking in proper discernment, good judgment and independence, when she wears herself out, really unnecessarily, it is just as true that she lacks the true spirit of a nurse if she *can possibly* put any form of self-interest before her God-given privilege of—nursing. I thought to find a word or words that would better impress the nature of this privilege. But all it embraces is expressed in the one word: Nursing.

Is it foolish, can it be priggish to speak of ideals at this day and age of the world?

Never, when speaking to nurses.

In short, what is every true nurse's definition of nursing?

About this, isn't it?

The *best* care I can give to *all* who need *me.*

That does not mean to all who *call* me. We have already distinguished between those who call and those who need. Those who *expect* and those who *should get.*

But *all,* to my mind, means that no nurse should deliberately make up her mind to shut out any class of people or kind of sickness from her plans for nursing. In a large city, where there are many other nurses to take care of cases she "does not take," she *may* feel free to do so. But I should like to ask: "Should it be they of her own sex that she leaves out, and at their hour of greatest need?"

Should a great number of nurses from our large training schools plan on "not taking" maternity work?

From a business point of view they *may be* acting wisely, though I think that arrangements could be made whereby maternity nursing would not necessarily be financial loss to a nurse.

And from the idealistic point of view—well no one could make a very good poem on the nurse who gives over, often to untrained hands, the care of infant babies and the comforting and helping of young mothers, through the greatest physical agony they ever experience.

But while maternity work opens up to the nurse avenues of usefulness and of happiness such as, perhaps, no other department of nursing (if one may divide up nursing into departments) affords her, it offers its pitfalls too.

Maternity work becomes *easy* to some nurses at the fourth or fifth week, just when in most cases she ought to be "off the case."

When mother and baby are both well, it does not seem to me that a nurse is needed *in her own capacity,* for months at a time. And I think that it is much easier for nurses to maintain a proper *standing* in private families if they dismiss themselves when the need for their professional services is at an end.

If a nurse trundles a perambulator on the street for Mrs. A., then Mrs. B. next door is likely to ask her nurse to mend her stockings.

I am not trying to foster foolish pride in myself or any other nurse but I think that the dignity of the nursing profession (the maintaining of which is so essential to the success of the individual nurse) demands that the nurse shall always differentiate between *nursing a patient* and living at a patient's house "looking after" a well mother and a well baby. A nurse has that to give which *sick* people need. That is her work. That is her happiness. And there is plenty of work for her to

do—her own kind of work. She is not giving of her *best* if she contentedly puts in time *tending* a well baby, because the case is *easy*. To some nurses such work would be intolerable and the case the hardest possible. Personally I would rather nurse a delirious Indian than a well woman or a well woman's well baby, because I should feel that the woman was having me for an ornament or to save her from performing little (to her) disagreeable duties for her own baby between professional nurse time and nurse-maid time or before she feels it quite safe to entrust her baby to the care of a nurse-maid. And I refuse to do it. And I do not call the feeling that makes me refuse pride but a proper "putting" of responsibility.

A final word about the word *best* in our definition. That would mean, of course, the most intelligent, the most thorough, the most disinterested and the most loving, gentlest care.

Have you ever gone to a hospital so tired you could not begin to tell how tired you were, and sick and worried beside? If in that condition you have been put to bed in a nice, bright, warm room, "rubbed" and soothed by kind, gentle hands, "tucked in," cared for and given dainty, nourishing food to eat, and have had the little white-capped army one by one popping in and out—I've had it all so I *know*.

There is not a word strong enough to describe it but heavenly, and I do not wish to use that word, for this ministration to the needs of the sick takes place on *earth*, and the ministering spirits are nurses. And while I do not want to deprive the angels of their beautiful work, I do not want them to take over *mine*.

I think there are other things beside poetry that can straighten the wrinkles out of one's mind at resting time. I have never found anything that could do it so effectively, when I have been sick, as good nursing. I know now exactly what the oft-quoted lines everybody loves so well mean. I have experienced them.

"And the nights shall be filled with music,
And the cares that infest the day,
Shall fold their tents like the Arabs,
And as silently steal away."

Nursing is good enough for me, but I do it for nothing only when there is nothing to give me or when I have the privilege of nursing someone so dear to me that I ask for the privilege. Needless to say that doesn't happen *very* often when nursing just Mrs. Anybody for whom I was called.

DEMONSTRATION AT ROYAL VICTORIA HOSPITAL, MONTREAL.

The following is an account of a demonstration which is given every year under the direction of Miss Felter, nurse in charge of the operating theatre, Royal Victoria Hospital, to the students of the graduating class in medicine at McGill. The demonstration this year took place on the 22nd of February, and there were present about twenty American Gynecologists who were visiting the city at the time.

The first part was conducted by Nurse Fitzgibbon and Nurse Robertson, and they showed how the entire bedding and mattress of a very sick patient could be easily and quickly removed and replaced by fresh bedding and mattress without moving the patient from the bed, or causing him any discomfort, or subjecting him to the possibility of being chilled by any exposure. Both the visitors and students applauded the nurses for their dexterity and neatness.

The second part was conducted by Nurse Patterson, assisted by Nurse McMillan. Here they demonstrated how an ordinary room in an average house occupied by laborers, living many miles from the luxuries of a well-equipped hospital, could be quickly arranged in such a way that it would become a very serviceable operating room.

A well-lighted room, with well-scrubbed floor, with walls and ceiling bare but clean, was chosen for the operation. The floor was first covered with newspapers and over this were placed clean cotton sheets fastened at their edges to the floor. An ordinary kitchen table, washstand and tub containing 1 in 2000 formalin were the chief furnishings of the room. The table and stand were covered with clean sheets. The jugs and basins, previously boiled, were placed in the formalin solution and left there for two hours. A good substitute for a table pad was made by folding a cotton sheet over a blanket and each end of the pad was firmly secured by gauze fastened to the legs of the table. Probably the most ingenious contrivance was the formation of a Kelly-pad from one quarter of a blanket and a mackintosh. The instrument table was composed of two kitchen chairs covered with clean sheets and placed about three feet apart and with each back facing the other. These were connected with the covered leaves of an ordinary extension dining-room table. The common boiler used in washing clothes served as the sterilizer for instruments, dressings, towels and swabs. About four inches of water were necessary to immerse the instruments, suspended in a sac, while an upper compartment was made in the boiler by loosely hanging gauze firmly fixed around its mouth. In this compartment the dressings, towels and swabs were sterilized by live steam for an hour. The sterile and antiseptic solutions were then procured. Arrangements were made for placing the patient, if necessary, in the Trendelenberg position by equal sized wooden blocks placed at one end

of the table and ordinary hat-hooks fastened in the floor at the other end to prevent the table from slipping. As all the requisites were now in the room and all in position except the sterilized instruments, dressings and towels connected directly with the operation, the nurse timing herself by the clock rendered aseptic her arms and hands, and dressed herself in sterile gown made of two sterile sheets, headgear and gloves. She then placed the sterile towels on the table, the instruments and dressings thereon and everything was in perfect order for the operation.

Enthusiastic applause greeted the completion of the work and a vote of thanks was tendered to Miss Felter and her nurses for the useful and instructive demonstration which they had so kindly given.

STATE REGISTRATION IN QUEENSLAND, AUSTRALIA.

The Australian Nurses' Journal reported in December that "The Nurses' State Registration Board of Queensland has issued the regulations dealing with the supervision of training schools, schedule of studies and methods of examination for General, Obstetric and Mental Nurses. These regulations, it is satisfactory to note, are for the most part based on those already adopted by the Australasian Trained Nurses' Association. Of course the one weak feature of the bill is that three years' training is accepted, with no regard as to the number of beds yearly occupied in the training schools for general nurses, but the wording of the bill leaves much to the discretion of the board in recognizing a hospital as a training school.

"There is one important omission in the clauses dealing with the schedule of studies in that it is not definitely stated that such lectures as medical and surgical nursing and midwifery must be delivered by duly qualified practitioners.

"Remuneration is paid to all examiners at so much per capita.

"The Queensland branch have judiciously circularized all the training schools, pointing out the advantages to be derived by the trainees completing the full number of years of training required by the A.T.N.A., as then the nurses will be in no way penalized when visiting other States, where only those registered by the A.T.N.A. are recognized as trained nurses."

MR. J. ROSS ROBERTSON

Mr. Robertson is known all over the continent for his unfailing kindness and generosity to the children and no less to the nurses. In witness of this note the Hospital for Sick Children, to which a large new wing is being added, and the residence in connection for the nurses. None like it exists on the continent, and there are many very fine residences.

About a year ago Mr. Robertson presented to the Toronto Graduate Nurses' Club the beautiful home, furnished throughout most beautifully and artistically, situated at 295 Sherbourne Street. This was surely a princely gift to the nurses and they are not inappreciative, as their ever increasing use of the Club House testifies. Mr. Robertson's interest in the success of the Club has never wavered. The directors always smile and look wise when some substantial gift comes quietly and unobtrusively into the Club—and this happens very frequently.

ANNUAL MEETING.

The third annual meeting of the Canadian National Association of Trained Nurses will be held in the Public Library, Berlin, Ont., May 21st and 22nd, 1913. The following is the programme:

WEDNESDAY, MAY 21ST, 1.45 P.M.

Meeting of Council.

2.30 P.M.

Invocation, Rev. H. W. Crews.

Address of Welcome, ex-Mayor Schmalz.

Address of President, Miss M. Ard MacKenzie, R.N.

Report of the Council.

Report of Secretary-Treasurer.

Report of Delegate to International Congress of Nurses at Cologne, Miss L. L. Rogers, R.N.

Report of Publications Committee, Mrs. W. Lyman.

Report of Committee on National Affiliation.

Election of Officers.

THURSDAY, MAY 22ND, 10 A.M.

Papers.

The Value of Nursing Organizations to the Private Nurse, Mrs. Paffard, Toronto.

Discussion led by Miss M. A. MacKenzie, Toronto.

Child Welfare, Miss Phillips, Montreal.

Discussion led by Miss E. H. Dyke, Toronto.

Eugenics, Dr. Helen MacMurchy, Toronto.

Post-Graduate and Special Training for Administrative Positions.

Discussion led by Miss R. L. Stewart, Toronto.

2 P.M.

Joint Meeting with the Superintendents' Society.

Subject: Registration. Four phases of a Registration Bill:

1. The Educational Requirements for Admission, Miss Wright, New Westminster, B. C.

Discussion led by Miss Kirke, Halifax.

2. The Appointment, Personnel and Duties of the Council, Miss Colquhoun, Montreal.

Discussion led by Miss Cooper, Indian Head, Sask.

3. The Terms of Transfer, Miss Neilson, Toronto.

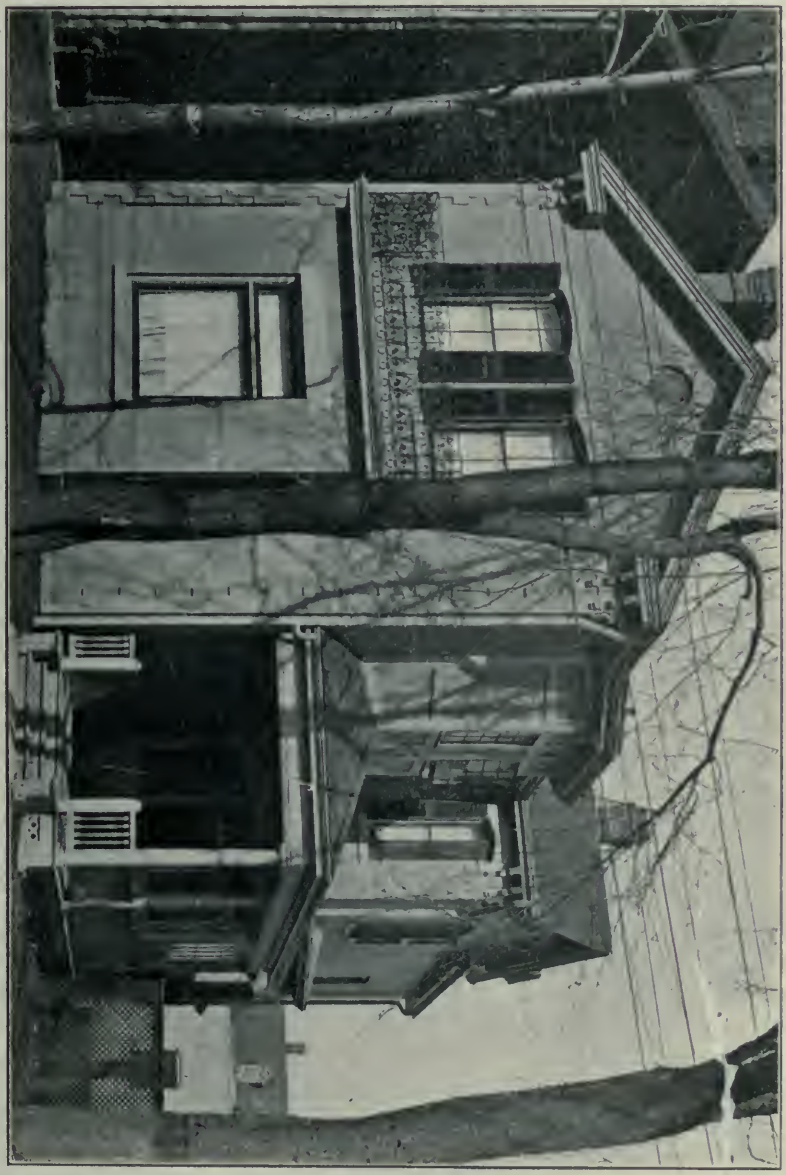
4. The Curriculum, Miss Bowman, Portage la Prairie.

Discussion led by Miss Crosby, Toronto.

Report of Dominion Registration Committee, Miss M. Ard MacKenzie, R.N.

Announcement of time and place of next meeting.

Introduction of President-elect.



THE TORONTO GRADUATE NURSES' CLUB
295 Sherbourne Street, Toronto

THE SCHOOL NURSE.

The regular monthly meeting of the Canadian Public School Nurses' Association was held March 3rd, 1913, at the Club-house, 295 Sherbourne Street, Toronto, at 3.30 p.m. In the absence of Miss Rogers, Miss E. J. Jamieson, first vice-president, took the chair.

After the usual business was handled, Mr. Hunt, the speaker for the afternoon, was introduced. Mr. Hunt is actively engaged in the University Settlement work in Toronto at 467 Adelaide Street West, which was at first one of the activities of the University Y. M. C. A. but which has since been enrolled by the University.

Mr. Hunt gave a very interesting sketch of the district and its needs, comparing the settlement to a clinic wherein were studied and treated evils arising from the social conditions prevailing—such evils as delinquency in children, domestic infelicities, destitution, the problem of income and outlay and the numberless variations arising out of these major problems.

Special attention is being paid to the Infant Welfare clinic held weekly when babies using the pure milk supplied by the Settlement depot are regularly inspected and good results tabulated. Much trouble is prevented by timely prevention. The pure milk is supplied by the Hospital for Sick Children and sold to the mothers at a nominal cost, easily within their reach. Conferences have lately been established in various parts of the city to which each philanthropic institution sends representatives. Here individual cases are discussed and the result is a hearty spirit of co-operation and better use of funds by avoiding overlapping.

A hearty vote of thanks was tendered Mr. Hunt and afternoon tea was served.

On Wednesday, February 28th, Shirley Street School, Toronto, was the scene of a very enthusiastic gathering when one hundred and fifty of the mothers and fathers of the district were the invited guests of the Medical Inspector and Nurse of the school. Dr. W. E. Struthers, Chief Medical Inspector, Miss Rogers, Superintendent of School Nurses, Dr. Doherty, Dental Inspector, and Miss Dyke, Supervisor of Public Health Nurses, Department of Health, Toronto, were the speakers.

After the feast of mental good things, another feast was served—hot coffee and sandwiches—which was enjoyed, too.

All manifested a keen interest in the work and realized that medical inspection has not come as an intruder but as a strong, kindly friend to assist and advise. These people will assist the good work by telling others of what they have learned and so strengthen the hands of the workers.

What avail is legislation to obtain pure food products and pure

water, if these things are immediately contaminated the moment they enter an unclean mouth?" This question, asked by a writer recently in "Oral Health," gives the School Nurse the feeling of added responsibility. Not only is the responsibility for the improved health of each child hers, but she is answerable to the municipality if, by allowing these unhealthy conditions to remain, she wastes the public outlay of thought and time and money.—M. E. B.

Miss Cavanagh, graduate of Toronto General Hospital, and Miss Robinson, graduate of Johns Hopkins Hospital, Baltimore, are taking the post-graduate course in school nursing under Miss Rogers.

These nurses have been added to the staff of School Nurses of Toronto:—Miss M. Misner, graduate of Toronto Western Hospital; Miss W. Robinson, R.N., graduate of Johns Hopkins Hospital, Baltimore; Miss H. C. H. Denison, R.N., graduate of St. John's Hospital, Brooklyn, N. Y.; Miss E. F. Beal, R.N., graduate of New York City Hospital; Miss A. B. Hill, R.N., graduate of St. Luke's Hospital, Newburgh, N.Y.; Misses I. P. Courtice, I. Fergusson, A. McQuhae, M. Stirling, graduates of Toronto General Hospital; Miss Carrie Mott, graduate of Hospital for Sick Children, Toronto; Miss H. Shipley, graduate of Victoria Hospital, London, Ont.; Miss M. A. Thompson, graduate of Grace Hospital, Toronto.

Vancouver, B. C.—The annual report of the Medical Department of the Vancouver City Schools shows that during 1912 the school nurses made 68,350 inspections, 1,085 visits to schools and were successful in obtaining treatment for 2,912 children. This is about 65 per cent. of treatments. The percentage is not as high as we would like. We attribute this to two causes: (1) The indifference of the parents; (2) the lack of facilities for treatment for the poor. We are not as fortunate in the West as the Eastern school nurses, as we have not free dispensaries where we may take our needy ones.

It is expected that a dental clinic will be opened shortly in connection with the schools. We are looking forward to it eagerly and expect to find it a great benefit. The staff of nurses has been increased to four—Miss Mary Ewart, Toronto General Hospital, and Miss Adelaide Jeffers, Boston City Hospital, having received the appointments.

Dr. F. W. Brydom-Jack, Chief Medical Inspector, is giving a course of lectures on "Hygiene" to the nurses, who are finding them very valuable and instructive.

The Public School Board of Regina, Sask., is taking steps to establish a free dental clinic for poor children. The school population is increasing rapidly and the necessity for this work is becoming quite urgent.

Editorial

AMALGAMATION.

The question of amalgamating the Canadian Society of Superintendents of Training Schools for Nurses and the Caandian National Association of Trained Nurses was discussed at the annual meetings of both associations last year. The discussion will be resumed this year and some decision, it is expected, will be reached.

Two national organizations would seem unnecessary, especially when one—The National Association—includes all graduate nurses irrespective of their field of work. Then, too, a division of forces always spells weakness. One large, strong national organization is desirable, indeed is necessary for the proper, dignified development of the profession in Canada. And no small part of the responsibility of the National Association is the establishment of the "Spirit of Internationalism" in its members if they are to take their full share in the great work that falls to the International Association.

Organization, thorough and complete and all-embracing, is an absolute necessity to growth and progress. Begin, then, with the Alumnae Association. This keeps the nurse in touch with her Alma Mater and with her sister graduates, and inculcates the spirit which makes each member realize that she is no longer a private individual but a member of a noble profession whose honor and interests she must jealously guard. The Alumnae Association gives the touch of home that we need to keep us thoughtful, sympathetic, unselfish, true. No graduate can afford to ignore her alumnae. Every graduate a member should be the aim of each Alumnae Association.

Next should come the Provincial Association. This stands to promote the broader interests of the profession and should include every nurse in the Province whatever her branch of work. Independent local organizations are to be deplored. These weaken because they divide the interest and scatter the forces which should be concentrated upon the needs of the profession in the Province. Let the local organization be an integral part of the Provincial Association, and the unity and cooperation thus obtained will result in new strength and greater efficiency.

An inter-Provincial outlook and interest are, of course, also necessary, and should be included in the policy of each Provincial Association. (We are glad to note that in nearly every Province in Canada there is now a Provincial Association.)

Each Alumnae Association and Chapter in the Province should take a lively interest in the meetings of the Provincial Association, and should see to it that one or more delegates attend. The Provincial Association, in its turn, should so arrange its sessions that every nurse

attending, whatever her branch of work, may gather helpful hints and suggestions, while not missing the inspiration and enthusiasm that is kindled by contact with other workers. So the delegates will have something worth while to carry back to their associations.

Then should follow the National Association. This association must have a broad national and international outlook and should stand to foster and develop and guard the profession in its broadest interests. If the ideal membership has been realized by the Alumnae and Provincial Associations, there will be no difficulty about the membership of the National.

Every nurse in Canada will be a member through these other two associations. The maximum of assistance, guidance and support to every association represented in its membership, as well as the faithful discharge of its international responsibilities, should be the aim of the National Association. Its conferences should be arranged with these objects in view.

The Alumnae Association where possible, but especially the Provincial Association, should be responsible for the sending of delegates to the meetings of the National Association and should also do everything possible to give every association the benefit of verbal reports.

Organization would, in this way, be simple but complete, would conserve the energies of the nurses while giving them all the benefits of united, systematic effort. To make this most effective, a broad spirit of unity and good will must characterize all.

THE GRADING OF NURSES.

A paper was read at the convention in Hamilton in May, 1912, advocating the grading of all nurses—all those who nurse for hire—making the securing of a license from the Health Department necessary for those who have no training or only a partial training. This seemed, to some, to be a solution of the problem of providing efficient (?) care for the sick.

But could such care as that given by those holding such licenses be reasonably called efficient? And why should we consider our whole duty done when only unskilled, inefficient care is provided for those who have only a very limited amount of this world's goods? Is it a crime to be poor? The very fact that the sick one is poor calls for the greatest skill, ingenuity, foresight and tact on the part of the nurse that the best results may be obtained. The *best* nursing, not just any kind, must be provided for the sick poor.

Then, forsooth, we boast about our *profession.* Could nursing dream of being ranked as a profession if all sorts and conditions—untrained, partially trained, graduates of correspondence schools and

other special schools—were classed as *nurses?* Has any profession set us such an example? None.

Is such proposed grading right? Is it reasonable? Is it wise? Is it in the *best* interests of the sick? Every nurse who has given the subject serious thought will utter an emphatic NO.

And yet some people are advocating that the grading of nurses be embodied in the scheme of State Registration of Graduate Nurses.

The American Journal of Nursing tells us that this subject received the careful attention of the medical profession in New York at the meeting of the New York Academy of Medicine on December 19th, 1912. This journal, speaking editorially, says:

"This is one of the most unreasonable propositions that has yet been considered, and we regret to say that the plan suggested was previously brought forward by a nurse.

"We understand that the papers presented by the women who took part in this discussion in New York were so convincing in disapproval of this project that a number of the gentlemen who had formerly been in favor of it declared themselves converted to the nurses' point of view.

"As time goes on and various problems arise threatening the whole educational structure of nursing progress, we are more and more convinced that the only enemies we have to fear are those within our own ranks. The cause for which the great nursing body is struggling—a better type of woman, with a higher standard of education, that the sick in hospitals and in homes among the rich and the poor may have more efficient care—is so absolutely right and just and unselfish that it is bound ultimately to succeed. Progress, however, has always been retarded, and is being retarded to-day, by the disloyalty of women within our own ranks who for some reason join forces with those commercial influences that are against us. It is not to be expected that organizations composed of nurses shall be greatly different from other groups of people banded together for a definite purpose. There should be, if we are to progress, differences of opinion in order to maintain interest and to promote thought and effort, but on the great fundamental questions it ought to be possible to present a united front to the world.

"Much of the opposition in legislation and in the establishment of educational standards, which it has cost great effort to combat, has come about through the disloyalty of individual members in our organizations.

"Those who have not given careful study to this subject of the education of nurses, and who upon superficial examination think that such grading might be a happy solution of some of our difficulties, should read the paper presented by Miss Goodrich at the conference already referred to, and published in this issue (February, 1913) of the *Journal*. While her title is Inspector of Nurses, she is really at the head of what should better be called the Bureau of Nursing of the New

York State Education Department, and the opportunity which she is having of studying the nursing situation educationally and from the outside, after her many years of executive experience in hospitals, qualifies her to judge wisely and impartially of the whole nursing situation. We beg of all nurses, whether specially interested in the subject of nursing education or not, to read this paper by Miss Goodrich, and not to pass it over, as may sometimes happen, through stress of duties.

"We regret that space does not permit us to publish in full the paper given by Mrs. Twiss, president of the New York State Nurses' Association, in which she made a strong appeal to the medical men present not to undermine the good work already accomplished by trying to establish a triple, or even a double, standard of efficieney in the nursing world, and urged them to co-operate with the nursing body in its efforts to increase the efficiency of its service for the public good.

"Such discussions of difficult nursing problems by members of the medical profession and nurses are to be desired, as offering the only fair way of coming to reasonable conclusions on many of our nursing problems.

"We hardly need to repeat what is already well known, that there are so many attractive fields of occupation open to the educated young women of to-day that they will not enter that of nursing until it has been established on a better educational and professional basis."

We take the liberty of reproducing Miss Goodrich's paper from *The American Journal of Nursing* because it deals so effectively and conclusively with this difficult but important subject that is so vital to the very life of our profession.

REGISTRATION.

The Graduate Nurses' Association of Manitoba has got its bill through the House. Our heartiest congratulations to this association and to its worthy president, Miss Cotter, who has worked so nobly and so indefatigably. We rejoice in her success and in the fact that Manitoba leads in registration for nurses. We regret not being able to give particulars in this issue.

SCHOOLS OF NURSING.

Two of these in Toronto are spreading circulars broadcast, one with a view to recruiting its number of students, the other soliciting the taking of shares in the incorporated company.

The circular says: "The medical profession of Toronto recognize and appreciate the work of the school and its graduate nurses are in constant demand. From a business standpoint, no more successful investment can be made, for the school is thoroughly established, is

favorably known and the number of students is constantly increasing."

The Canada Lancet, speaking of one of these schools, says: "But the Royal College of Science gives courses in nursing. General nursing, 12 weeks, $100; obstetrical nursing, 6 weeks, $50; massage nursing, 6 weeks, $60; electro nursing, 12 weeks, $100; public school nursing, 6 weeks, $50. 'The course of instruction fits all kinds of nursing; it can be completed in months, instead of years, and taken by correspondence by those engaged during the day.'

" 'Fifteen to forty dollars a week is the general report from the Red Cross nurse.'

"We must stop or the members of the medical profession and the nurses trained in our hospitals will wish they had never heard of a medical college or a general hospital. The long years of training at the bedside is so tedious and so hard compared with this short cut to the promised land of 'power, influence and wealth.' "

A QUESTION.

A question comes to hand from one of the Western Provinces which is opportune in view of the approaching meeting of the Canadian National Association of Trained Nurses. It is this: "What is being done by the Dominion Committee on Registration? We have seen no mention in "The Canadian Nurse" of any activity on the part of that body. Almost a year ago a proposed bill was drafted and sent to the convener and nothing has been heard of it since."

We regret being unable to answer the questions of our correspondent, but "The Canadian Nurse" has had no communication whatever from this committee and has been under the impression that it had ceased to exist.

(The programme for the annual meeting of the National Association, received after this was sent to press, shows that a report from the Dominion Committee is to be given at that meeting.)

PLEASE ANSWER.

The Secretary of "The Canadian Nurse Editorial Board" in communicating with the members of the board has received no reply from the following members who may have changed their addresses: Mrs. Lott, Miss MacWilliams, Miss Chalmers and Miss Heales. If these members will send their present address to the Secretary, 39 Classic Avenue, Toronto, she will be very grateful.

The Guild of Saint Barnabas

Susan Emily Antrobus, foundress, and for thirty-six years Superior, of the Guild of St. Barnabas for Nurses, passed quietly to her rest on January 2nd, 1913, at Nice, France, whither she had gone in the hope of recuperating her failing health.

"She was our foundress, and none could love and serve the Guild so whole-heartedly as she had done, and we knew that it would have well-nigh broken her heart to have been called upon to cease to be "Mother" to us all. That she has been spared this sorrow that might have become a necessity, is one of the alleviations of the trouble of her friends at her loss."

This beautiful hymn was sung at her requiem:

THE LAND BEYOND THE SEA.

The Land beyond the Sea!
When will life's task be o'er?
When shall we reach that soft blue shore,
O'er the dark strait whose billows foam and roar?
When shall we come to thee, calm Land beyond the Sea!

The Land beyond the Sea!
Sometimes across the strait,
Like a drawbridge to a castle gate,
The slanting sunbeams lie, and seem to wait
For us to pass to thee, calm Land beyond the Sea!

The Land beyond the Sea!
Sweet is thine endless rest,
But sweeter far that Father's Breast,
Upon thy shores eternally possest,
For Jesus reigns o'er thee, calm Land beyond the Sea!—*Faber*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

The regular monthly meeting of the Executive was held on February 20th at 3.30 p.m. at the Club, 295 Sherbourne Street, Toronto. Ten members were present, including Miss Smith, Chairman of the Hamilton Chapter.

The Treasurer reported a bank balance of $565.43. Advertisements are to be placed in different papers with the view of getting in touch with young women desiring to train as nurses.

Several suggestions for the annual meeting were received—"Oral Hygiene," "Free Dental Clinics," "Co-operation," in addition to those received at last meeting.

Arrangements are being made to include these in the programme. We regret that arrangements are not complete and we cannot publish the programme this month. It will, however, be in the hands of members in good time.

The report of the Hamilton Chapter showed that organization to be a thoroughly live and practical one. The nurses are seeking to bring under a central authority all the social service workers in the city, so that the greatest good to the greatest number with the minimum outlay of energy and means may be realized.

The President reported that the nurses of the twin cities—Port Arthur and Fort William—are discussing the organization of a Chapter.

Will every Alumnae in Ontario and every Chapter seek to have one or more delegates at the annual meeting. Give us the inspiration of your presence and the Executive will strive to have for you a "worth while" programme.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence, City Hospital, March 4th. Miss Coleman, the president, occupied the chair. At the close of the business meeting Dr. Carrick gave a very interesting talk on "Emergencies," chiefly obstetrical, poisons and burns. The lecture was very much enjoyed by those present.

Miss Storms has returned from St. Mary's Hospital, Rochester (Dr. Mayer), and is doing private work in Hamilton.

Miss Anna Kells is at her home in Listowel, having given up her private nursing in the city.

Miss Mitchell, graduate 1912, having spent the last few weeks in Chicago and New York, has returned to her home in Scotland.

McArthur-Rothwell—In Saskatoon, Sask., on February 5th, 1913, Ada Rothwell, graduate 1911, H. C. H., to Neil McArthur, of Harwell, Sask.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Viee-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

It is with great regret we have to record the death of two of our members, Miss Harriet McCullough and Miss Alice McIntosh, the latter a valued member of our committee.

We have learned, too, with sorrow of the grave illness of another old member, Miss Sarah L. Dawson, who has just undergone a very severe operation in the hospital at Collingwood, and send our best wishes for a speedy recovery.

We are pleased to learn that Miss Merriman, who is suffering from typhoid fever, is slowly recovering.

The monthly meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms on Tuesday evening, March 4th, when we listened to a delightful leeture by Dr. Archibald on "The Hotel Dieu of Paris and Some Phases of Medical Life in the Beginning of the Seventeenth Century." The doctor wrote his lecture in the form of a dialogue between a Roman house surgeon of the Hotel Dieu and a Huguenot student from the University of Montpellier. It was illustrated with limelight views. We hope to have it shortly to print in full so will not do more now than say it was most interesting and instructive. A standing vote of thanks was tendered Dr. Archibald, and our only regret was that so few of our members were able to be present.

In presenting the report of the Victorian Order of Nurses for the year which has just closed, it seems unfortunate that we cannot have present with us the nurses, the chief factors in making the year such a successful one, but we must remember that their absence attests in a most eloquent manner to their importance—they cannot be spared from their posts.

The year has been one of great expansion, of great encouragement and the future stretches before us more pregnant with possibilities of development than ever before in the history of the Order, because we have within reach the means to bring about the realization of these hopes for development.

The year's statistics say that our nurses have cared for 30,937 patients, and the nurses in the districts have made 211,540 visits, 7,614 of which were in answer to night calls; 540 days' continuous nursing were reported, and 48,321 hospital days. These figures mean that during the year there were 11,015 more patients cared for, 49,167 more visits paid, and 1,691 more night calls responded to, than in the previous year.

Sixty-five nurses have been admitted into the Order, eight have returned, eight are on the Reserve List, and twenty-nine have resigned. Of these, ten have resigned to be married, seven on account of ill-health, six to accept positions elsewhere, two to take post-graduate courses, one by request and three to take up other kinds of work.

It is of interest to note in this connection that one of our nurses in Vancouver has been chosen to fill the new and very important position of policewoman in the city of Vancouver.

The total number of nurses in active service under the Order at the present time is 232—an increase of 41 during the year. They are distributed as follows:

Nurses in districts, 135; Nurses in hospitals, 37; Nurses taking post-graduate courses in Training Homes, 31, and Nurses-in-Training in Hospital Training Schools, 29.

Fifty-one visits of inspection has been made by the Chief Superintendent and twenty-eight visits of organization.

Thirteen new branches have been opened, namely:—Districts at Dartmouth, Ste. Agathe, Berlin, Preston, Saskatoon, North Vancouver, South Vancouver, Burnaby; country districts at Innisfail, Bobcaygeon and Gaspé, and hospitals, a Lady Minto one at Islay, Alberta, and one in affiliation at Sedgwick, Alberta. Besides these, the Victoria Hospital at Thessalon, Ont., has been re-affliated.

Our country district at Lundbreck has closed, we hope, however, only temporarily.

Besides these districts Committees are organized at North Bay, Brockville, New Westminster, and this month a Victorian Order Nurse goes to take charge of the historic little hospital at Barkerville—The Royal Cariboo Hospital. A grant has been promised towards a hospital at Tofield, Alta., which will be built this spring.

Seven branches have increased their nursing staffs during the year, viz., Montreal, Toronto, Ottawa, Grand Mere, St. Johns, Sydney and Edmonton.

In all of the branches, with hardly one exception, the growth has been steady and healthy—in a few very rapid.

The Victoria District has grown, the Committee deemed it advisable to extend their territorial limits and now take in Ssquimalt and Oak Bay. This branch is working very closely with the Friendly Help and since the second nurse was added, it has been possible to make more pre-natal visits and to keep in touch with the new-born babies for at least a year.

In Vancouver there has been a continuation of the very excellent work reported last year, and through the exertions of the energetic and enthusiastic President, Mrs. Macauley, many of the outlying municipalities have been interested and, as a result, new branches have been organized:—South Vancouver, which opened with two nurses; North Vancouver, with one and Burnaby with two. Vancouver is one of our new Training Centres and in that capacity is doing splendidly.

The Revelstoke Hospital Society continues its good work through its three hospitals at Revelstoke, Arrowhead and Chase. The new hospital building at Revelstoke, which is nearing completion, is a handsome brick building with accommodation for fifty patients.

The Victorian Hospital at Kaslo has added a handsome new wing, making it possible to have one part of the building set aside for patients exclusively, the other part for nurses' quarters and administration purposes.

And, up in the ever-interesting Cariboo District, the little hospital at Quesnel, which is in affliation with the Order, is doing good work. The building has been improved since last year and every effort made, on the part of the Board, to make the institution a harbour of good for the whole district. The greatest praise should be given to the workers in such places away from the railway, every commodity costing the highest price, labour high and labourers few—for having triumphed over the difficulties and maintained, in the face of discouragement, high standards.

The Edmonton district has made rapid progress. Two extra nurses have been added. The staff now consists of three nurses—one being stationed in Strathcona.

The Calgary branch grows slowly. The High River Hospital has had a successful year. A Maternity Cottage was opened by the Board during the year, and they are now planning to put up a regular hospital building, as the need for such has become more and more apparent.

At Innisfail, Alta., a country has been working for nearly a year with great success and the Committee are planning to have a Nursing Home and two nurses.

Early in the year the Lady Minto Hospital at Islay was opened and has done excellent work. At times, however, it has seemed doubtful whether the people in the locality would be able to raise sufficient funds to keep the little hospital open. Miss Ada Teetgen, an Englishwoman, has done yeoman service in raising money for the building and for the maintenance.

The Lady Minto Hospital at Melfort has had a busy year. After very careful consideration the Board have decided to reopen the Training School in connection with the hospital.

The Victoria Hospital at Swan River has had a successful year. The Board have built a new wing and made some other very much needed improvements in the building.

The reports from Yorkton are good, because they indicate very rapid growth and plans for meeting that growth satisfactorily.

The hospitals at Indian Head and Shoal Lake are doing well and the Lady Minto Hospital at Minnedosa has been improved by the addition of a much needed verandah.

The Winnipeg district had a very successful year. They have a staff of six nurses.

The Copper Cliff Hospital, which was burned last year, is being rebuilt on the same good lines as before.

The Lady Minto Hospital at New Liskeard has had a very satisfactory year. The building has been improved very much by the addition of a handsome verandah.

The Queen Victoria Hospital, North Bay, continues to do its good work.

The Cobalt, Gravenhurst, Kingston, Stratford, Galt, London, Dundas and Brantford districts report a very successful year.

The Toronto district is growing—they have a staff now of fifteen nurses. The Committee are planning to secure a larger Home so as to be able to cope with the increased work.

During the year the Hamilton Committee have purchased a handsome Nurses' Home. They have a staff of four nurses.

The new district at Bobcaygeon has had a good beginning.

The Ottawa district has had an exceptionally good year. They have now a staff of fourteen nurses. During the year one of the three Milk Stations opened under the Board of Health, was put in charge of the V. O. N., and very good work has been done in supplying certified milk to the infants and also in educating the mothers as to the proper care of their little ones.

The hospital and district at Almonte are still doing their good work.

The Quebec branches:—Montreal, Ste. Anne de Bellevue, Lachine, Grand Mère, St. John's, Sherbrooke, Gaspé and Ste. Agathe are all satisfactory.

A Milk Station has been opened in connection with the Ste. Anne's district.

Grand Mère has now two permanent nurses.

The growth at St. John's has been splendid. The district was opened with one nurse at the beginning of the year, and now three nurses are employed, and at times a fourth is badly needed; 5,436 visits were made during the year.

Montreal has kept right along with its good work—and increases are again to be noted in every department. The staff has been increased from 51 to 61 nurses. They made 93,552 visits as against 69,189 last year, an increase of 24,363—and 4,414 of these were night calls. The school and tuberculosis work go on as usual. The need for more nurses in the schools has made itself more manifest, and it is hoped that before long definite steps will be taken to increase the number. The School Nurse is such an important factor in the Welfare Campaign. The Social Service Work, in connection with the tuberculosis problem is being kept up, and V. O. Nurses now assist at the Montreal and Hertzl Dispensaries. A nurse, too, is stationed at the Moore Home. Lectures in First Aid have been given by one of the staff at the Y.M.C.A. during the year.

Good work has been done in connection with the Clean Milk Stations, though not as much as was needed, on account of the lack of funds.

The Order played an important part in the Child Welfare Exhibit

which was held in Montreal in October, 1912. This proved most interesting and instructive, and judging by the numbers that attended was a great success.

The Committee are now planning to start a Mothers' Information Bureau in connection with one of the Milk Stations.

The Montreal branch is one of the Training Centres of the Order, and besides the instruction in practical work, an excellent course of lectures has been given to the nurses this year.

The branches in the Maritime Provinces are doing well. The reports of the St. John Branch are good.

Halifax has had a good year, though, unfortunately, a great many changes had to be made in the staff during the year. They are to have a Nurses' Home, which will be a great help, and we hope to establish a Training Centre there very soon. Plans are almost complete for opening a Clean Milk Station there in June.

Again, we are able to report an increase in the work done in Sydney—4,483 visits were paid, as against 3,505 last year.

Truro, Canso and Yarmouth are all doing well. Truro has begun the School Nursing. The Committee are planning to have a second nurse.

Such is a very short story of the branches from East to West. There is very much more that might be said about them for each one has its own particular points of interest, but time will not permit.

About the Order, as a whole, we are face to face with a number of problems, which have made themselves felt during these months, and which are due to its rapid growth. Some of these have already been solved. During the year an assistant to the Chief Superintendent was appointed, and she has proved a very great help in coping with the increased work.

Information is being asked for all the time from all over the world, and organization visits requested from all over Canada. Through those two channels much has been done in spreading knowledge concerning the Order first, but also in giving up-to-date information as to curative and preventive methods. During the past twelve months more and more of that knowledge has been diffused—the Order being, as it were, a large Bureau of Information on all matters pertaining to health. Much has been done, and may still be done, by means of correspondence, but it is the personal touch which counts for most in the Victorian Order system.

During the last few years there has been a gradual increase in the nurses' salaries, which is in accordance with our modern methods. To pay a salary to our nurses, while they are working, sufficient to enable them to put by for the proverbial rainy day, is much better than any system of pensions.

The time has come when steps will have to be taken to give more assistance to the Chief Superintendent in the work of inspection. And we should respectfully suggest a plan whereby a detailed inspection should be made by Assistant Supervisors, the Chief Superintendent still making her annual visits, but making a detailed inspection only where necessary as indicated by the Supervisors' reports.

We need more Training Centres. We have four at present:—Toronto, Ottawa, Montreal, Vancouver, and a prospective one at Halifax. The logical point for one is in the Centre West, and if it could be arranged, it would be very desirable to have one under the management and direct control of the Executive Council. In connection with the subject of Training Centres, we wish to urge so earnestly on the Committees in branches, where Training Centres are established, the sacred importance of that trust, which is imposed in them to guard jealously the high standards of the Order and to give a truly educative course to their post-graduate students. From now on, every effort should be made not only to continue good work begun but to keep up-to-date and give our students the very latest experience and instruction in district nursing and in all kinds of Social Service work.

In the Child Welfare Campaign the Victorian Order is taking an active part, but it should take a still deeper part. Provision should be made in all our districts to have pre-natal visits made regularly to all maternity patients, during the last three or four months of pregnancy, and the babies should be visited at regular intervals during the first year at least.

The Victorian Order is noted for its successful handling of maternity patients, but still more may be done, and the study of the Child Welfare question has pointed to us this further advance. Prevention is our last watchword.

And another need is for a Victorian Order magazine, which will not only diffuse Victorian Order news, but will also select and publish items of the latest news in the Social Service field. The magazine might be called "The Victorian Order Monthly and Social Service Review."

Another need that we believe the Order can meet best is for School Nurses in our rural districts. Much as the nurses are needed in the city schools the need is many times greater in our country ones. It would be handled by means of itinerant nurses.

Before closing this report we wish to thank the Committees throughout Canada for their good work and practical interest.

And, again, most sincerely do we thank our nurses in the various districts and hospitals. Much has been demanded of many of them in hard work, self-denial and patience and in nearly every instance they

have measured up to our standards and at the close of this year we are thankful to be able to say that we are proud of our corps of loyal workers.

All of which is respectfully submitted,

MARY ARD MACKENZIE.

March 6, 1913.

HOSPITALS AND NURSES.

Miss Margaret Fraser, Head Nurse in the Moose Jaw General Hospital, is spending the winter in Southern California.

Miss Betty Swanson, of the Jubilee Hospital, Vernon, has been appointed Head Nurse in the Moose Jaw General Hospital.

Montreal:—Miss Van Buskirk, M.G.H., '97, is in Montreal this winter, and is assisting at the Royal Edward Institute.

Miss Ida Hodd, M.G.H., '94, Lady Superintendent of the Lake Edward Sanatorium, has been in Montreal for a month's holiday. Miss N. A. J. Wilson, M.G.H., '01, took her place at the Sanatorium during her absence.

Miss Hadrill, M.G.H., '10, who has been in Vancouver, B.C., has returned to her home in Montreal, and has resumed private nursing.

We are sorry to hear Miss Renison, M.G.H., '08, is ill in the General Hospital with typhoid fever.

On St. Valentine's Day the members of the Montreal General Hospital Alumnae Association entertained the Graduating Class, Autumn Class, 1912, Spring Class, 1913, at the Nurses' Home of the Montreal General Hospital.

Dr. Winfield Scott Hall, Ph.D., M.D., of the Northwestern Medical University of Chicago, who visited Winnipeg during Janaaury, under the auspices of the Y.M.C.A. and Y.W.C.A. Associations, gave a very interesting and profitable lecture on "Social Ethics" to the Nurses. The lecture was given in the drawing room of the Nurses' Home, W.G. H., and a general invitation was extended to all Graduates, as well as the pupils of the Training School.

Miss Wilson, Superintendent of Nurses, W.G.H., is spending a few months in the South of France.

Miss Bowman, Superintendent of General Hospital, Portage la Prairie, was in the city for a few days in January, and was present at the regular monthly meeting of the Manitoba Graduate Nurses' Association.

Miss I. K. Bradshaw, who has been in charge of the Social Service Department of the W. G. H. since its inception, and who has so efficiently filled the position has resigned. The vacancy will be filled by Miss Gilroy, pro tem.

Miss Newcombe, who has been in charge of the Anti-Tuberculosis Work during the past year, has resigned, and the vacancy has been filled by Miss Champion.

Miss Wilkins, Class '07, W.G.H., has returned to the city and will do private nursing.

Misses Gibson and McKinnon, who have been private nursing in Calgary, are now doing private nursing in Vancouver, B.C.

Miss Jessie Reid, '07, W.G.H., is spending the winter in California.

Miss Fern Stewart, Graduate of General Hospital, Selkirk, Man., has gone to New York to take a post-graduate course.

Miss Aston, '07, W.G.H., is, we are pleased to say, quite well again, and is returning to the city from Ninette.

Miss E. M. Turner spent a day in the city during February.

Miss Ethel Reid, '08, W.G.H., is spending the winter in California.

Miss McLaurin, '05, W.G.H., and P. G. of Woman's Hospital, New York, is in charge of surgical department of General Hospital, Fernie, B.C.

Miss E. V. Niblett, Graduate of Vancouver General Hospital, is recovering after an operation for appendicitis, which she underwent in the Vancouver General Hospital.

Miss Randall, Superintendent of Nurses, Vancouver General Hospital, has just returned from a holiday visit to California.

Miss Pauline Rose, who has been one of the Head Nurses at the Vancouver General Hospital, has resigned to take up the duties of Matron of the King's Daughters' Convalescent Home.

The many friends of Mr. Basil Sowter, late of the Vancouver Customs' staff, will hear with pleasure that he has been appointed chief clerk of the Customs at Edmonton, Alberta. Mr. Sowter, who had earned the esteem of his fellow employees at Vancouver during his residence here and was secretary of several of their organizations, married Miss Ida Bliss, a niece of Archdeacon Pentreath of this city. Last spring his health broke down and he was sent to Tranquille Sanatorium whehe he has benefited so greatly by the treatment that he is now quite well again and able to undertake his new and responsible duties. Mrs. Sowter is a Graduate of Vancouver General Hospital, and was Night Superintendent at Tranquille while her husband was there.

Miss Snively is now settled at 50 Maitland Street, Toronto, looking particularly well after her year of rest abroad. Miss Snively, though retired from active work, has not lost her interest in the profession. "Once a nurse, always a nurse." Her time is fully occupied by her work—educational and philanthropic—in her own church, on the Foreign Mission Board, in the Y. W. C. A., etc. In the midst of her many activities Miss Snively still finds time for addresses to graduating

classes. How splendid, for who can give wise counsel like one who has been through the fire!

Miss Nicol has taken the position of head nurse at Riverdale Hospital, Toronto, Miss McLellan having resigned to take up private work.

The Florence Nightingale Association of Toronto held its regular monthly meeting at the Club House, 295 Sherbourne Street, on February 4th at 8 p.m. There was a large attendance. Dr. G. W. Ross gave a most interesting and instructive address on "The Use of Toxin and Vaccine in Medicine."

The children that appeared in last issue, after three months' dental care

Many of the citizens, including the reverend clergy, several of the city doctors, and members of the Hospital Board, visited St. Joseph's Hospital, Guelph, Ont., on Tuesday evening, February 4th, to witness the closing exercises of the sixth Graduating Class from the Training School and to congratulate the following young ladies who have completed the three years' course:—Miss Clara Buckel, New Hamburg, Ont.; Miss Jessie Kieffer, Hesson, Ont.; Miss Marion Connolly, Linwood, Ont.; Miss Kate Kirby, Arthur, Ont.; Miss Marion Frank, New Germany, Ont.

At the completioi of the musical programme, which was tastefully arranged and executed under the supervision of Mrs. A. Kennedy and Miss T. Coffee, Rev. Father Doyle, S.J., presented the Hospital Medal, and briefly addressing the young ladies pointed out to them the necessity of keeping in mind their religious training at all times and particularly in the practice of their duties as trained nurses.

The diplomas were presented by Dr. A. MacKinnon, whose kind words of encouragement were much appreciated by the nurses.

The gold medal, presented by the Rev. Mother Superior,. St Joseph's Convent, Hamilton, for general proficiency, was won by Miss Clara Buckel.

At the close of the evening's pleasures refreshments were served in the dining room.

The regular meeting of the Florence Nightingale Association was held at the Toronto Graduate Nurses' Club, 295 Sherbourne street, on Tuesday evening, January 13th, fifteen members present. The President presided. After the regular business meeting Miss Ennis H. Dyke, R.N., gave a very interesting and instructive talk on the work of the Health Nurses of the city, the work they do, and how they teach those with whom they come in contact, helping greatly to relieve the poor and afflicted, thus facilitating their recovery.

Miss Scott, Superintendent of the Royal Columbian Hospital, New Westminster, B.C., has returned from her visit to large Eastern hospitals, whither she went with the object of securing information on which to base her recommendations for the furnishing and fitting of the new hospital.

The members of the recently formed Graduate Nurses' Association of New Westminster enjoyed themselves at banquet recently at the Russell Hotel. Miss Jessie T. Scott was toastmistress and suitable toasts were proposed by Miss Cassidy, Mrs. Dorgan, Miss Ruth Judge, Miss Scharley P. Wright, Miss Lily McCallum and Miss Grace A. Gray. The Graduating Class of 1913 of the Royal Columbian Hospital were the guests of honor. They are Miss Alcock, Miss McCallum, Miss Grant, Miss McAllister, Miss Percy and Miss Thompson. Among the other guests were Mrs. Major, Mrs. Heaton, Mrs. Cook, Mrs. Johnston, Mrs. Bourne and Miss Elwin.

Miss Annie Moyer has been appointed Secretary-Treasurer of the Alumnae Association of the Mack Training School, St. Catharines, Ont.

Miss Mabel Bruce, a Graduate of the Mack Training School, St. Catharines, has accepted the position of Superintendent of the General Hospital, Bowmanville, Ont.

Miss Olive Troxel and Miss Moore, also Graduates of the Mack Training School, have gone with Miss Bruce as assistants.

The Hospital at Big River, Sask., was recently destroyed by fire. The patients, some twelve in number, were safely removed to nearby houses. The mercury hovered around thirty below.

On Saturday, February 15th, at the General and Marine Hospital, Owen Sound, Ont., Miss Rose Wing, who has been for some time Assistant Superintendent, was presented with an amythest and pearl necklace by the members of the medical staff. Miss Wing, during her stay, has

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made herself very popular with the physicians, her skilled assistance having been a large factor in the success of the work, more particularly in the Surgical Department. General regret is expressed that her services could not be retained. She will continue to practice her profession in her home town of Berlin, Ont.

There was an unusually good attendance at the regular monthly meeting of the Alumnae Association of Vancouver General Hospital at the Nurses' Residence on February 3rd. Miss Wilson, the President, was in the chair. After the disposal of business, Miss Norcross read a paper descriptive of the V. G. H. as it was ten years ago. Miss Hart followed with an interesting account of the Graduates of the School from its establishment up to the present time.

Miss Judge then gave a brief and instructive résumé of the chief items of interest in the last nursing journals. The President then addressed the meeting for a few minutes on the need of more regular attendance at the meetings and other topics.

The energetic Programme Committee arranged to meet on the evening of February 5th at the home of Mrs. (Dr.) McIntosh, to outline the plan of campaign for the coming year.

Refreshments and general chat closed a very pleasant and instructive evening.

On Tuesday evening, March 4th, Mrs. Valentine, President of the Toronto Western Hospital Alumnae Association, entertained the members of the Association in honor of Miss Maud Cooke, whose marriage took place the next day. The Nurses took advantage of the opportunity to give Miss Cooke an aluminum shower.

Miss Cooke is a Graduate of the T. W. H., Class '08, and has held the position of Lady Superintendent of the Provincial Asylum for the Insane, Queen Street, Toronto, for the past four years.

Miss Lena Davis, Graduate of Toronto Western Hospital, Class '08, has been appointed Lady Superintendent of the Provincial Asylum for the Insane, Toronto.

The Alumnae Association of Kingston General Hospital has, for the past few years, endeavoured to keep up the linen supply of the Nurses' Home. Each year the efforts of the members have met with a hearty response from their friends and those interested in the Hospital. This year, on account of the general appeal made by the Ladies' Aid for the "Festival of Empire," the Nurses were reluctant to ask their friends to contribute again. A plan was laid before the Association by Masonic friends of the Hospital, which had been successfully tried by other societies, viz.: that the Alumnae Association take charge of the Lodge Dinner. The suggestion was approved, and the officers deserve a great deal of credit for the prompt and systematic way they set out

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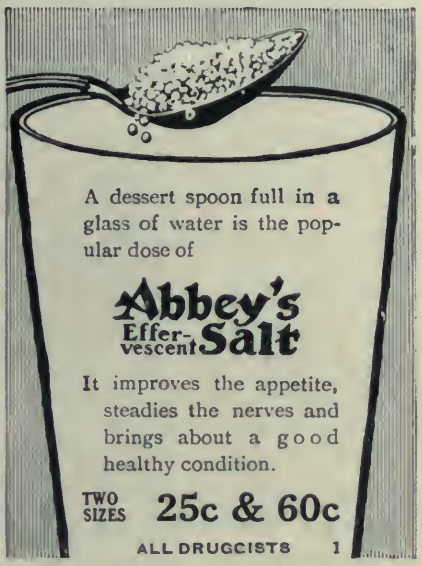
Directress of Nurses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to make the dinner a success. The Masonic friends of the Hospital rendered material aid by donations of money, by providing for light, heat and flowers, as well as by general assistance, the Association paying only for the provisions.

The Lodge warmly congratulated the Alumnae on the success of its undertaking. Over one hundred dollars was realized. Part of this was at once invested in linen for the Nurses' Home and the Nurses have arranged several sewing meetings to get the linen ready for use.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at the Residence, on February 13th, at 3.30 p.m., the President in the chair. There was a very good attendance.

Mrs. Clutterbuck, Regent of the Heather Chapter of the Independent Daughters of the Empire, spoke of the work being done by the Chapter, and the desire of the I. O. D. N. to have the Nurses' Chapter very strong.

Miss Anna Connor, President of St. Michael's Hospital Alumnae Association, Toronto, underwent a serious operation recently at St. Michael's Hospital. We are happy to report that she is progressing favourably.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Registry Office, 295 Sherbourne street, Monday, March 3rd, at 3 p.m. Miss Argue occupied the chair in the absence of the Convener, Miss Christina Mitchell. Seven members were present.

Registrar's Report for February, 1913:—Total number of calls, 356; Registry extension cases, 2; visiting cases, 2; Metropolitan Life Insurance visiting cases, 26. Fees received in February, $195.00; received from sale of charts, $5.90; disbursements, $166.60. Total balance, $1,686.58. Twelve Nurses joined Registry in February; ten applications were considered, nine of which were accepted.

The Banquet of the Graduate Nurses' Association of New Westminster, B.C., given in honour of the Graduating Class, 1913, of the Royal Columbian Hospital, at Hotel Russell, was thoroughly enjoyed by all who had the honour to be present.

Miss Jessie T. Scott was toastmistress. The toasts were:—The King and Empire, Miss Cassidy; Our Province, British Columbia, Mrs. Dorgan; the Medical and Nursing Profession, Miss Ruth Judge; Our Guests, Miss S. T. Wright; the New Graduates, Miss Lily McCallum; Au Revoir, Miss Grace A. Gray. "For the Days o' Auld Lang Syne" brought a most delightful and much enjoyed function to a reluctant close.

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Miss Jean Rutherford has been appointed assistant to the Registrar at "Restholm." Miss Rutherford is a Graduate of St. Joseph's Hospital, Glace Bay, and has been on the staff of the Halifax Children's Hospital for eight months.

Other nurses who have accepted institutional appointments are:
Miss E. Grant and Miss J. Young, V.O.N., Halifax.
Miss B. Grant, Turo Hospital, N.S.;
Miss E. Kierstead, Halifax Children's Hospital.
Miss F. Marshal, Pictou College Hospital.
Miss M. Grumbley and Miss B. T. Meagher, Harbour View Hospital, C.B.

The monthly meetings at Restholm have been well attended. A very interesting paper on District Nursing in Ireland was read by Miss S. A. Barrington. At the Deeember meeting a lecture on "Emergencies of Obstetrical Nursing" delivered by Dr. M. A. Curry, was listened to with great appreciation. Dr. Curry prefaced his remarks with complimentary expressions of the object and undertakings of the Association and the work which it had already accomplished, as a medium of social intercourse to the Nurses themselves, a protection to the public and an invaluable assistance and source of information to the doctors. He assured the members of the confidence and support of the Medical Association.

Good wishes and congratulations are offered to Mrs. G. Hiltz (née Miss G. Roy, R.N.), Yarmouth, and to Mrs. A. Adams (née Miss B. Williams), of South Boswick, recently married. Miss Roy was a Graduate of St. Luke's, New York, and Miss Williams of the Royal Berks Hospital, England.

The Home Bureau, Elms Court Apartments, 27 Irwin Avenue, Toronto, is now under the management of Miss J. M. MacKedie, graduate of the Lady Stanley Institute, Ottawa. Miss MacKedie keeps supplies of sterile dressings for surgical and obstetrical cases always ready, and fills orders for any special supplies. Miss MacKedie will be glad to have you call in person or by telephone, North 226.

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Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

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Regular meeting, First Friday, 3.30 p.m.

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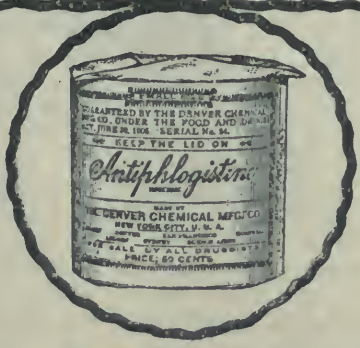

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Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

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Regular meeting, first Tuesday.

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MARRIAGES.

MOLLOY-WHITE-HUGILL—At Swift Current, Sask., on February 8th, 1913, Miss Ada E. Hugill, graduate of Mountainside Hospital, Montclair, N.J., and of Lying-in Hospital, New York, to Mr. James Molloy-White.

ANDERSON-KNEEN—On February 27th, 1913, at the residence of the bride's father, 110 Mance Street, Montreal, by the Rev. Robt. Johnson, D.D., Eva Florence, second daughter of Daniel Kneen, to John Anderson, of Amulet, Sask. Mrs. Anderson is a graduate of the Montreal General Hospital, class '09. Mr. Anderson is a brother of Miss Anderson, M. G. H., '11.

FISHER-HENDERSON—At Vancouver, B.C., on December 17th, 1912, Miss S. V. Henderson, graduate of Lady Stanley Institute, Ottawa, to Dr. A. Fisher, Calgary, Alta.

BAILLIE-COOKE—On March 5th, 1913, at St. Stephen's Church, Toronto, Miss Maud Cooke, graduate of Toronto Western Hospital, class '08, to Dr. William Baillie, Toronto.

DEATHS.

WALLACE—On February 5th, 1913, at the home of Captain R. Chestnut, 2 Lyman Street, St. Catharines, Jessie Wallace, graduate of the General and Marine Hospital, St. Catharines, class '08. Miss Wallace was engaged in private nursing up to the time of her illness, which was caused by typhoid-pneumonia, and extended over a period of twelve weeks, when death came from heart exhaustion. She was Secretary-Treasurer of the Alumnae Association for some time and was always interested in all that pertains to the best interests of the nursing profession. The officers and pupils of the Mack Training School as well as a large circle of warm friends join with the Alumnae Association in sorrow at her loss.

ROGERS—In Montreal, of pneumonia, on March 2nd, 1913, Edgar Watson Rogers, infant son of Edgar and May Rogers, of Winnipeg, aged eight months.

THE TORONTO GRADUATE NURSES' CLUB.

The Riverdale Hospital Alumnae Association held a most delightful dance on St. Valentine's night, about sixty guests being present. Miss Mathieson and Miss McNeil receiving. A great many of the Graduates of other schools were present, which added greatly to the pleasure, making it a reunion as well.

The decorations and refreshments were carried out to suit the occasion and the dance was voted a great success.

The Women's Puss Club held an "Alice in Wonderland" Party on the Saturday following. The President, Vice-President and Secre-

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tary, as the King, Queen and Knave of Hearts, received their guests from their throne. Alice was there, of course, looking exactly the Alice we all know.

The caterpillar crawled into the room and up on a huge mushroom and sat contentedly smoking a "hooka." The frog footman and the Cheshire cat were also present, being very cleverly gotten up.

A little sketch, "The Mad Hatter's Tea Party," written by one of the members, and full of personal hits, was very amusing. After refreshments a very merry and exceedingly clever party came to an end.

A number of small teas and other private affairs are being held at the Club. The Nurses are finding more and more what a pleasure and convenience it is to have their own Club in which to entertain.

A farewell dance was given Miss Edna Dow by about thirty of her friends before she leaves for Newcastle, Penn., to take a hospital position. The rooms were prettily decorated with daffodils. A most enjoyable evening was spent.

The Twilight Musicales will be closed for the season by an evening musicale to take place after Easter.

Miss Clara Evans, late of the Hospital for Incurables, Toronto, was a guest of the Club before leaving for a position in White Horse, Yukon Territory.

The second lecture of the series was held on February 21st, on "Social Service." The speakers were Miss Ellwood, of the Evangelia Settlement; Miss Dyke, Supervisor of Health Courses, Toronto, and Miss Holman, of the Social Service Department, Toronto General Hospital. All the addresses were enlightening, instructive and interesting and were much enjoyed by all present.

OF MONETARY INTEREST TO NURSES.

Nurses desiring to increase their earning capacity turn instinctively to massage as one of the best means to such an end. The leading physicians of every school are recommending massage as one of the greatest curative assistants known to science, and nurses at large are urged to take advantage of every means to acquire it.

There are but two classes left, Spring, May 15, and Summer, July 9, 1913, prior to the increase in time to four months, and increase in rate, in which to enter for the study of Swedish System of Massage and Gymnastics at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia. Why not advantage yourself of the lesser cost, shorter term? Our 56-page prospectus with 46 illustrations will give you fullest particulars—it is yours for the asking. We would suggest an early application. See large advertisement. Max J. Walter, M.D., Superintendent.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IX. TORONTO, MAY, 1913. No. 5

CO-OPERATION IN HOSPITAL PLANNING.

By M. E. McCALMONT, R.N., Hospital Specialist and Consultant, Brooklyn, N.Y.

In this practical age the ultimate test of every proposition is, not so much what does it cost; is it the newest thing; or what do the critics think of it; but how does it work; is it practical; does it stand for the essentials of efficiency and economy of service?

And this is the working test to which our modern hospital planning and construction must be submitted. The architects are giving us smooth interiors and artistic exteriors. Many of them are becoming indeed expert on the subject of rounded corners and angles, flush surfaces and a general absence of projections, and yet we feel that these institutions are not yet all that might be desired.

That "the hospital is for the patient" has become an axiom beyond dispute. But no hospital is successfully constructed for the benefit of the patient unless also constructed for the comfort and convenience of the entire working personnel. No patient is receiving fair play from a hospital which has faulty working machinery; where jars, breakdowns and confusion are liable daily.

In view of this, the question is pertinent—are our hospitals practical from a working standpoint?

Who is to answer this—the architects, trustees and doctors, or the superintendents, and working staffs?

The architect may be an excellent judge of the durability of the latest flooring, and competent to pass upon all the technical details of hospital construction and finish, but can we expect him to know the details of hospital management sufficiently to cope with its peculiar and practical needs?

The Trustees or Boards of Managers may be able to see that a hospital is clean and quiet, and be able to recognize, in practice, smoothly running hospital machinery, or its opposite—but can they, from their casual visits to the hospital, be in a position to locate an inconvenience of arrangement which may be the occasion of daily confusion?

The doctors, through visits to their patients, may know whether

*Reproduced from *The American Architect.*

orders are being carried out or not; whether patients are improving; or whether they are satisfied with their surroundings and treatment. But of their patients are uncomplaining, can they know that a lack of improvement may be due to sleepless nights caused by noisy, banging doors; crying babies who should always be in sound-proof rooms; the too near proximity of utility rooms, bath-rooms or diet kitchens? Can they know that their patients are getting cold meals because a diet kitchen is not adapted or planned for efficient service; that a complaint of lack of attention may not be because there are not enough attendants, but because very often hospital planning necessitates an unwarranted expenditure of time and effort in the way of service?

These persons, doctors, trustees and architects, are obviously not in a position to fully appreciate all the working needs of a hospital for the simple reason that, usually, they have never worked in one. Yet they are the persons upon whom we must depend for the planning of our hospitals. Where there has been co-operation good results are generally noticeable, but very seldom is a Superintendent seriously consulted in matters concerning which often he or she alone knows. Yet this same Superintendent will be expected to find a way out of the difficulty after the error is committed and the building completed. Rarely, if ever, are the various heads of departments called in for an expression of opinion concerning subjects upon which they are sure to have practical, if not technical, knowledge.

Never has the writer known of hospital plans being submitted to the student nursing body for suggestion and discussion. Yet it is almost certain that such a procedure would draw forth many excellent suggestions. I am confident that fewer diet kitchens with their inevitable noise would be placed next to the wards, as is so often done, if nurses or Superintendents were consulted about the arrangement. I am also sure they would ask for a reasonable number of sound-proof isolation rooms with properly guarded windows. Theirs is the personal responsibility for delirious patients, and such a request would have to be heeded. Yet, lamentably, few of such rooms exist!

Would it not be as well to ask a dietist what is to go into her diet kitchen, and plan accordingly, rather than label a four-walled room "diet kitchen" and attempt to place the manifold necessities there after the building is completed? It would seem that such lack of co-operation is largely responsible for a not unusual arrangement of gas stove and ice-box side by side, with a necessary serving table or drain-board for the sink omitted altogether for want of room. Who but the dietist would be liable to think of the convenience of having her meat blocks placed near the cold storage, and her kitchen so arranged that food trucks might be expeditiously loaded without disturbing the personnel or working machinery of the kitchen itself?

Can not the pharmacist best tell us of arrangements which would facilitate his work; of the most convenient relation of sinks, working tables, tablet machines, dispensing counters, etc., etc.? Would it not be better to allow him a voice in such matters, rather than have them arbitrarily arranged by persons who could not be expected to have a working knowledge of the facts, and, incidentally, would never have to suffer from the inconvenience and annoyance which follow a thoughtless arragement or choice of equipment and facilities?

If a Superintendent of Nurses were consulted in the matter of a nurses' home, is it not probable that night nurses would be provided with sound-proof rooms located in a section of the building farthest removed from dining rooms, lecture rooms, baths, etc.?

The doctors always have adequate dressing rooms, lockers, shower baths, etc., in an operating pavilion, while a similar provision is seldom if ever made for nurses. Yet nurses may be perspiring through two or three operations to the doctor's one, and would have even greater appreciation of a proper dressing room and shower than he. If the chief operating room nurse were asked for suggestions in the planning of an operating pavilion, is it not probable that she would ask that these things be provided for her staff as well as for the doctors? Also, would she not protest against having her instrument cases placed in the sterilizing room, as is so often done? Would not her supply room be much more convenient and accessible than the usual last space to be utilized which is labelled "supplies," and then left to its sad and unsatisfactory fate?

The foregoing errors and many similar ones are actually found in the plans of some of our best hospitals. They are not necessary, and it is believed that a friendly co-operation between architects and heads of hospitals and heads of the various departments of the hospitals, would see fewer and fewer committed. Such co-operation would undoubtedly develop a most wholesome esprit de corps among hospital trustees, officials and employees. All would then be working for the completion of an institution both beautiful and serviceable; intelligent in detail; and adapted in its every requirement to the great purpose of efficiently caring for the world's afflicted.

Does it not seem worth the experiment?

THE TEULON HOSPITAL.*

By E. Grant, Toronto.

The small village of Teulon, Man., is situated about forty miles north-west of Winnipeg, and Teulon Hospital is just one mile from the village. I spent more than two years in work among the foreigners in

* Read before the Florence Nightingale Association, Toronto.

Teulon, Manitoba, in connection with the hospital, and I have been asked to give some idea of the work being done by that institution.

As you know, this hospital is a mission hospital, financed by the Home Mission Board of the Presbyterian Church in Canada. The work is of three kinds: Religious, medical and educational. It is of the medical side I shall speak.

Before leaving for the West, I had read of these mission hospitals, and had supposed them institutions devoid of modern convenience; but I was agreeably surprised to find a fairly well equipped building, the principal drawback—and a big one—being lack of a waterworks system. The building contained beds for fourteen patients, but has accommodated twenty-four. Patients are of many nationalities, and of course the usual diversity of ailments present themselves for treatment. A great many suffer from stomach troubles, brought about through poor cooking and improper food. There are many surgical cases, necessitating operations of all kinds; much maternity work, and considerable typhoid. In fact, variety of disease is quite as popular among these foreigners as among other Canadians.

In work of this nature, much has to be done without proper equipment. The nurse does anything her hand finds to do, whether in the nursing line or not. Sometimes a laundress disappoints; or the cook may be young and inexperienced. What must be done? Well, the nurse is responsible; certain things require doing, and will not be postponed; so the nurse rolls up her sleeves and does the work herself. One thing I did not learn to do at Teulon, and that was to milk the cows. But we often had to feed the chickens. One of our nurses—Miss C.—raised five turkeys while I was out there. She watched and tended them as though they were patients. Although neither of us was there, when the time came for eating them, I am sure they were delicious. Winter time, of course, is the most trying season of the year. It seems almost impossible to keep warm, especially when the thermometer drops to 50 degrees below zero, and with only a wood furnace. Fortunately this weather does not last long. Winter is lonely enough for all, but doubly so for the night nurse at Teulon. During the long, cold nights one can distinctly hear the howling of the wolves in the bush, just beyond the open fields.

Many cases of frost-bite find their way to the hospital for treatment. One with a gangrenous toe; another with possibly a finger infection, both requiring amputation. One poor woman, I remember well, had all her toes frozen. When she came to us the bones of her toes were visible. This poor creature had a serious time learning to walk again, and her husband would hardly take her home with him. The Galicians have no use for their disabled relatives. A woman especially is considered only a burden unless she is able to do her heavy share of the work.

There are plenty of sick children in Teulon. Many are brought to

the hospital, and some of them, on recovery, remain in the institution; are clothed, and fed, and sent to the village school. We had five of these children while I was there—three girls and two boys—and I assure you

THE TEULON HOSPITAL, MANITOBA.

they helped to make things interesting for us. All of these little girls have decided to train as nurses at some future date. They may change their minds.

So much for hospital work. This is only one angle of it. There are numerous calls for the doctor from outside locations, at distances varying from one to fifty-five miles. No matter how long the journey before him, no matter how rough the way, or how stormy the weather, the medical missionary from Teulon Hospital never considers the difficulties a moment, but responds to the call of suffering humanity in its extreme need. He seldom makes such journeys alone, being generally accompanied by a skilled nurse. Visiting the foreigner in his home is, of course, an interesting, although not necessarily pleasant, experience.

The Galician houses are odd-looking, though rather picturesque. These houses are built of logs, and are usually erected by the women. All have thatched roofs, and sometimes, but not invariably, they are plastered and whitewashed upon the outside, thus reversing the usual custom of Canada, where the plaster and whitewash are utilized inside the houses. As you enter the door of a Galician home you step upon a floor of mud, packed solidly. Some housekeepers pride themselves upon having floors that might be used as a dining-table; not so the Galician housewife. She may be wise, because no possible combination of circumstances known to womanhood could result in her having to scrub her mud floor.

Usually one room houses the entire family, and this room is kept at such a high temperature that it is stifling to one coming from outside.

Occasionally it is necessary for the nurse to remain overnight in one of these crowded rooms. Sometimes she will sit up all night; at other times the male members of the family and the children adjourn to the hayloft, and the nurse takes the bed—if she cares to. A few of the Galicians are cleanly, but the great majority are, to use a mild term, distinctly untidy. They anoint themselves with oil in lieu of bathing, and the butter is kept safely under the bed. They are accustomed to sleeping in their clothing, and even when in the hospital great difficulty is experienced in prevailing upon them to disrobe. Their cooking is of the most primitive character. Some possess stoves, but many yet bake their bread, which is made of the cheapest grade of flour, in clay ovens. These ovens serve a double purpose—being used as sleeping-places when not otherwise employed. I never could negotiate the Galician butter, so that I cannot say how it tastes. It doesn't look very toothsome. Garlic is used in almost every dish, and pork fat is a common substitute for butter.

Under conditions such as these, sickness comes doubly freighted with suffering. On one of these visits we found seven ill of typhoid in one room. Three were lying on the only bed. A small babe swung from the ceiling in a basket cradle, while two little ones toddled about the floor. Upon a cot in one corner an aged man lay dying. The one healthy member of the family—a young man—was acting as a nurse. Strangely enough, all recovered except the old man who, as before stated, was moribund when we arrived. Two months later, however, the young man came to the hospital with a bad case of typhoid, was ill four months, and recovered.

Sometimes the drives are very long, and at certain seasons the roads are almost impassable. Each nationality forms a small colony of its own, and these different colonies are scattered over a wide extent of country, making them difficult to reach. On one drive of fifty miles I remember passing colonies of Swedes, French, Norwegian, English, Galician, and most prosperous of all, the Jewish.

Most of the emergency calls are maternity cases. If our patient lives at a great distance we sometimes arrive after the babe. In one such case we found the babe wrapped up like a mummy, only its tiny face being visible. It appeared to have something in its mouth. Investigation brought to light a piece of soft rubber, fashioned into a crude comfort. Every once and again this rubber was removed, soaked in strong tea, and replaced in baby's mouth. Doctor Hunter is so accustomed to the vagaries of these people that a little thing like this does not surprise him. Where I was duly horrified the Doctor just smiled amusedly.

The foreigners never have clothing ready for the new baby, so the nurse always takes with her the necessary outfit. On one such occasion, however, the messenger told us the patient was suffering from sore throat, so we went unprepared for a confinement case. We soon found that the

messenger had been slightly mistaken in his diagnosis. We could find nothing in the house suitable for wrapping up the child temporarily, to say nothing of dressing it. We utilized the surgical towels from the Doctor's outfit, and the next day sent the neeessary artieles from the hospital supplies. The mother lay upon a straw tick, covered by a ragged quilt. Fortunately the weather was mild, and the patient did not suffer from lack of covering. This was an instance of what is called a "needy" case.

The ladies of the W.H.M.S. are doing what they ean to relieve the destitution so common in this territory. They send bales of clothing to the Hospital once a year. These bales are broken up into bundles, and the bundles are distributed among those who need them. The great diffieulty met with in such distribution is to reach only those who are deserving of assistance. Some of the people will ask for and accept clothing, and then sell it. This form of swindling is hard to guard against.

The preceding is but a glimpse at the hospital side of the work. The Teulon Mission was started over eight years ago, and it has done good work in caring for the sick and suffering, and in supplying many poor people with the necessaries of life. The educational work has not been neglected. During the past year great progress has been made in this line, and a fine residence school for boys has been erected. However, although these two important and necessary branches of Mission work—hospital and educational—are receiving the attention they deserve, they really are but steps leading to the most important work of all—religious teaching. To weld these diverse nationalities into a community of honest, upright, God-fearing Canadian citizens, is, after all, the end sought to be attained by the Presbyterian Mission at Teulon.

Educate these foreigners, and particularly the children; care for them when they are ill; clothe them when they are naked; give them food when they are hungry, and they will be ready, mentally and physically, to receive the great message the Church is sending them. The W.H.M.S. works on the theory that a man who is hungry and ill-clad is more diffieult to interest than is one who is physieally at his best. First feed him; then teach him.

On the whole, the work in a western mission hospital is, to say the least, fascinating, and to one interested a never-to-be-forgotten experience.

This account, from *The Home Mission Pioneer,* of a case visited by Dr. Scott, will give some idea of what the work outside the hospital may mean:—

"I was ealled recently to see a Galician woman who was said to be very ill. Approaching the house I was noisily greeted by three dogs, which looked rather fierce, being smeared pretty freely with blood.

Bloodstains were evident on the snow as well, indicating that this was a day of festivity for the dogs, and the day of death for the pig. Entering the house, I found the recently deceased (the pig) stretched out in several places, and in many pieces. A child of about six years of age lifted the lid off a pot, revealing a glimpse of a pair of ears, a tail, and some feet. Anticipation was quite evident on the child's face. The monotony of the family board was to be broken at last. The room was not large, about 12 x 18 feet. The patient was lying in what passed for a bed, which was conspicuous by the absence of everything which would make for comfort or cleanliness. There was an entire absence of ventilation, and great completeness in the variety of odors. The patient was a woman of middle life, and of perfectly huge proportions. She was suffering keenly and wailing continuously. Inflammatory rheumatism, affecting every joint in every limb, and broncho-pneumonia, made a formidable combination. Her husband was dividing his time between the pig and the patient. The former had not been scalded to remove the hair, but singed, and the blackened skin, which had once been white, did not suggest anything immaculate. The reverse side of the bacon supplied the lubricant. As the man was alternately waiting on the patient and the pig, it was not surprising that the two began to assume some superficial resemblance. The man was really kind, patient, attentive and industrious, and was doing his best. The woman was seized with a paroxysm of coughing. Her husband hurried to her assistance, and supported her (by no means a light task) while the daughter, a young woman, placidly held out her hand to catch the sputum, which was afterwards deposited elsewhere. I was an interested spectator. They also learn who only stand and watch. An examination of the patient soon showed the seriousness of the case. Miss McLeod and Mrs. Sewell drove to the place later in the day, made her a clean bed, and gave the care she required. In doing this they discovered very extensive bed sores, which had been caused by the hard, dirty bed, the patient's own ponderous weight, and the neglect of all sanitary precaution. The nurses have been making her daily visits now for ten days, and while the woman is still very ill and in great pain, her condition has much improved, and we now hope for recovery."

HISTORY OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Having been asked to contribute to THE CANADIAN NURSE a history of the Graduate Nurses' Association of Ontario, may I refer briefly to the general conditions existing prior to and the motives that prompted its organization.

Prior to the year 1904 organizations of nurses in the Province of

Ontario were to be found only in the Alumnae Associations. The Alumnae Association of the Toronto General Hospital (organized 1894) having succeeded to a creditable extent in accomplishing its objects with regard to its own members, determined to fulfil the last clause of Article I. of its constitution—"the advancement of the interests of the profession of nursing"—so far as it was possible.

During the year 1903 the Alumnae Association endeavored to induce all the Training Schools in the Province to organize Alumnae Associations, with the definite plan of having an Associated Alumnae. This proved satisfactory as far as any Training School had sufficient graduates to maintain an Alumnae Association. However, the plan was impracticable in some schools, by reason of the graduates of many of the smaller schools throughout the Province becoming scattered, and not a sufficient number of any one school at one point, to enable an Association to be carried on. There was no alternative, therefore, if the interests of the profession were to be advanced, but to organize on broader lines and form a Provincial Association.

The Executive of the Alumnae Association of the Toronto General Hospital then decided to circularize every Training School for Nurses in the Province of Ontario, describing the plan of work and requesting a list of graduates. The Superintendents of Training Schools readily complied with this request, and thus every graduate nurse of a Provincial Training School was individually made acquainted with our ideas and objects.

With Toronto as headquarters, the formative work was quickly carried on and everything arranged for a large organization meeting. The initial meeting of the Graduate Nurses' Association of Ontario was held in St. George's Hall, Toronto, on April 2nd, 1904, and was well represented by graduate nurses from every town and city in Ontario.

Mrs. Paffard, President of the Alumnae Association of the Toronto General Hospital, occupied the chair, and introduced Miss Damer, of Buffalo, who gave a very interesting address on what had been accomplished in New York State regarding State examination and Registration of Trained Nurses. Dr. Helen MacMurchy described the benefits derived by the medical and legal professions from Provincial Registration. Miss M. A. Snively, Superintendent of Nurses, Toronto General Hospital, gave a short address and then proposed the formation of the Graduate Nurses' Association of Ontario. This was seconded by Miss Hollingsworth of St. Catharines and unanimously carried. Miss Elizabeth Gordon was elected President. The nomination of officers resulted as follows: President, Miss Elizabeth Gordon, Toronto; 1st Vice-President, Miss Amy Wartman, Collins' Bay; 2nd Vice-President, Miss L. Rice, Ottawa; Treasurer, Miss Josephine Hamilton, Toronto; Secretary, Miss Julia Stewart, Toronto.

A draft of a constitution was submitted. Under Miss Gordon's able direction the interest in the new Association was stimulated amongst all the Graduate Nurses of Ontario. The first annual meeting was held at the Normal School, Toronto, on April 22nd, 1905, at which the Constitution was adopted.

The first clause of Article II. of the Constitution of The Graduate Nurses' Association of Ontario reads: "The objects of the Association shall be the advancement of the educational standard of nursing," etc. With this in view, under authority of the Executive Committee, the then President of Toronto University, Dr. Loudon, was approached with the request that the University should consider extending its curriculum to include a training in nursing, and perhaps I cannot do better than submit here a memorandum of our proposal in this connection:—

HOSPITAL ECONOMICS.

In submitting the suggestion that the University of Toronto should avail itself of the present opportunity to offer a course of training and education of nurses, it is essential to a full appreciation of the importance of this subject that present conditions be thoroughly understood. Briefly, therefore, as possible, let us state what those conditions are, and what results are being obtained under present methods of training. We may preface our statement by assuring you that we shall deal with local conditions. Inasmuch as these are necessarily superior through the better facilities offered than what obtains in smaller centres, the necessities of the case will be more fully understood.

First we find several Training Schools, some of several years' standing, others of more recent establishment, each of which is conducted in connection with one of the city hospitals; yet none of them giving, nor can possibly give as at present constituted, an education and training up to the standard demanded to-day by the medical profession. These Training Schools were instituted primarily and are being conducted principally to meet the nursing needs of their respective hospitals. The educational needs of the nurse are thus quite secondary to the demand for her services by her hospital. Should her hospital confine its work to only a certain class of cases, and it must be admitted that specialization is the tendency, the graduate of the best hospital Training Schools (not excepting General Hospitals) finds herself after three years' training with a very incomplete education, quite unfit to assume charge of perhaps the very first case that may be offered her. In order to qualify herself, the graduate of any Toronto Training School has no option but to take a post-graduate course in some American Training School. This through no fault of the hospitals nor through no fault of their Training Schools as they are at present constituted. The latter, as explained before, have been organized and operated to serve the needs of the hos-

pital first—not the needs of the nurse. The *educational* requirements of the nurse have been to a very large extent, and, under present methods, will continue to be sacrificed to the nursing demands of the hospital. One could hardly expect it to be otherwise. Further, through the very specialization which is characteristic of the times, the nurse in training to-day does not actually receive an education and training in her profession as comprehensive as did her sister nurse of, say, ten years ago, who got her training in a General Hospital that took in any and all cases. Even the extending of her training from a two years to a three years' course is not giving the present pupil nurse that liberal education which she has the right to expect, and which the medical profession demands.

We submit that the facilities for the thorough training and education of the nurse are here; equal if not superior to any to be found in any large educational centre. The hospitals of this city are well equipped, and under the influence of an intelligent public opinion promise to advance and keep pace with advanced medical science. The Medical Faculty of Toronto University is, we believe, second to none in ability and devotion to their profession. Surely then one might expect with the means at hand that there would be nothing deficient in the education and training of a profession so closely identified with the practical work of the surgeon and physician!

May we here point out the recognition by nurses themselves of the necessity for higher standards of education. In Great Britain and in several of the Colonies, in the United States, and, we are very glad to say, in the Province of Ontario, there is a great movement towards this object. The many bills of "State Registration" that have already become law in several of the Colonies and in many of the States of the Union are all framed primarily to raise the standard of the nurses' education. In our own Province the graduate nurses have organized, and at present have under discussion a "Registration" Bill which they confidently hope to have accepted by the Legislature. The broad import of these "Registration" Bills is an insistence upon a thorough nursing training. Already its good effects may be seen in the improvement of hospital training standards where the bills are in operation. It has further warranted certain Universities in extending their curriculum to meet the necessities of the profession. Columbia and Harvard have both a course in hospital economics. Drexel, of Philadelphia, and Simmons, of Boston, have preparatory courses for nurses in their college curriculum. Why should not Toronto University, with its exceptional medical facilities, offer not alone a complete course for the training of nurses, but special post-graduate courses as well? The latter would be of inestimable advantage to those graduates of Provincial Training Schools who otherwise are compelled to take their post-graduate course at American

schools. In extending the curriculum to include a course of education and training for nurses, Toronto University would unquestionably be establishing a standard that would be appreciated equally as much by the medical profession as by nurses themselves.

In conclusion, permit us to point out the impossibility of this education and training being improved except in the way that we have suggested. At present every hospital is granting its own diplomas solely upon its own standard of training. In any one hospital of standing no doubt the training given on one or more subjects may be excellent. In all the educational portion of the training is to a greater or less extent neglected. Through each hospital confining its training to the particular branches of medical work undertaken by that hospital, no opportunity is given to its pupil nurses to secure a very necessary education and training on all subjects. For example:—

What education and training in contagious diseases does a pupil nurse in the Toronto General receive to-day?

What education or training in obstetrics does a pupil nurse in the Isolation Hospital receive?

What special training in children's diseases do either receive?

And so on. And yet a graduate nurse of either one, or any hospital, may be called upon to undertake a case, the very nature of which she is quite ignorant—through no fault of hers it is true. Can this method, or lack of method, produce what the surgeon and physician demand to-day in a trained nurse?

We suggest that the University of Toronto undertake this educational work in a broad, comprehensive way. It is not for us to suggest here the details necessary, but we can forsee a scheme whereby the pupil nurse of Toronto University can take her course in each branch of work at that particular hospital offering the best facilities. Her training in contagious diseases would be given at the Isolation Hospital—a course of, say, six months. Her training in children's diseases would be a six months' course at the Sick Children's Hospital. Her training in surgery and other subjects could be given in the General and Grace Hospitals. Her training in dietetics at the School of Domestic Science. And so on. Added to the splendid practical training which could thus be given would be a thorough course of medical lectures. We feel sure that under this plan a graduate nurse of Toronto University would stand at the top of her profession.

We believe that the reputation and standing of the University would be such that pupils would be attracted to it from every country who desired a thorough nursing training. Its post-graduate courses would undoubtedly appeal to those who at present are compelled to attend American schools.

Still further, we can see many advantages under this plan to the

hospitals themselves. Their nursing staffs, instead of being supplemented as at present entirely from probationers, would always contain a large percentage of nurses well trained in some particular branches of work, and disciplined in hospital routine, which would surely make them much more valuable to the institution than the raw probationer.

In the interests of the public, in the interests of the medical profession, and in the interests of the nurse herself, we trust that the Univer-

MRS. A. H. PAFFARD.

(Miss Agnes McIntyre, Class 1894, Toronto General Hospital).

sity of Toronto will extend its curriculum to include this very necessary educational work."

At that time, however, the University was in process of reorganization, and our request, although kindly received, was never acted upon. Nevertheless, our suggestions of that date, or something very similar, may yet prove to be the best solution.

The time now seemed opportune to make some attempt to secure protective legislation, and at a special general meeting held on December 28th, 1905, a draft of a proposed Bill for Incorporation and Registration was submitted for discussion.

At this meeting the Association decided to seek affiliation with the National Council of Women, in view of the support to be gained from such an influential body. The officers of the Association were making strenuous efforts to strengthen the membership and also to educate graduates to the necessity of protective legislation, and, upon invitation, Madame Von Wagner, of Yonkers, N.Y., and Miss L. L. Dock, of New York, gave very interesting addresses on Registration and kindred subjects.

The second annual meeting was held on April 17th, 1906, in St. George's Hall, Toronto, and was well attended by graduates throughout the Province, as well as those resident in the city. It was gratifying to note the keen interest in Registration that had been awakened. The Legislation Committee submitted its report embodying the draft of a Bill for Incorporation and Registration, which was adopted.

Miss Eastwood, the President, who had been untiring as Convener of the Legislation Committee, had the assurance of the late Hon. J. W. St. John, then Speaker of the House of Assembly, that he would introduce a Bill for Registration at the next session. Everything looked promising and in view of the splendid work done by the officers and committees, it was not thought wise to make any change in these officers, and the Executive and committees were re-elected unanimously.

The ensuing year was indeed a busy one, especially for the Legislation Committee. Our membership was not as large as we could have wished, considering the important work ahead of us and the necessity for a large support. Great efforts were made, and with some success, to educate all graduates throughout the Province to the importance of giving their support to the proposed Bill and to bring as many new members as possible into the Association. This involved a great deal of work. Superintendents of hospitals were communicated with and lists of their graduates and addresses secured. Those in Toronto were written to individually and put in touch with what the Association was aiming to accomplish. As an added support a petition signed by some six hundred graduate nurses, for a Registration Bill, was secured.

On March 1st, 1906, our Bill was introduced in the House by the Hon. Thos. Crawford, for its first reading. After discussion in committee, at which a large deputation of our members were present upon invitation, considerable opposition developed from unexpected quarters, which finally led to its mutilation to such an extent that it was hardly recognizable and would have proven quite ineffective. Exception was

taken to it, largely by reason of our having attempted to incorporate in it a fixed standard.

The Executive of the Association considered that they had no option but to withdraw the Bill, which was done with the determination to renew their efforts on somewhat different lines in the future.

In 1907, following the withdrawal of the Bill, it was decided by the Executive to extend the educational work throughout the Province, by sending representatives of the Association to each hospital where there was a Training School for Nurses, to explain and discuss Registration, and also to form Chapters of the Association in the larger centres, where the work, of interest to each Chapter, could be carried on and reported to the Central Association. This has been carried out very successfully and Chapters, doing splendid work, have been organized at Hamilton, London and Peterboro, and several other centres are discussing organization.

Miss Crosby is to be congratulated upon the success of these Chapters and the educational work she has accomplished. She has frequently been requested to visit some hospital to talk to the nurses upon Registration.

Until the annual meeting of 1908 the time of this meeting had always been at Easter, but owing to the difficulty of obtaining interesting speakers at this holiday season, it was decided to change the date to May 24th. This was evidently a wise choice, judging by the splendid attendance at each annual meeting. Incorporation was secured during 1908.

In August, 1910, graduate nurses all over the world received with great sorrow the news of the death of Miss Florence Nightingale. A memorial was arranged for and held at St. Paul's (Anglican) Church, Toronto. Ven. Archdeacon Cody conducted the service, which was well attended by nurses from all over Canada.

Under the best legal advice, the Executive prepared a draft of a proposed Bill, which it was considered would meet the requirements of the profession and be sanctioned by the Government. This would have been submitted for legislative action in 1912, but for certain Government amendments to the Hospital Act and intimation that further amendments would follow which might, partially at any rate, advance us towards the goal for which we are contending. In the meantime it was deemed advisable to await the developments which these amendments might bring forth. Until such time the Executive consider discretion the better part of valor.

A. M. P.

MEDICAL INSPECTION OF CHILDREN UNDER SCHOOL AGE.

The desirability, or rather the necessity for such inspection, is strongly urged by Lewis Williams, M.D., D.P.H., Medical Superintendent, City of Bradford Education Committee, who writes on this subject in the *Journal of the Royal Sanitary Institute.* He says:—

"I have made an exhaustive inquiry into the results of the medical examinations of the under-five-year-old children attending the Bradford schools during the last four years, and the facts disclosed cannot but compel me to the opinion that these examinations are not only desirable, but necessary. The physical condition of these babies and the diseases from which they suffer call urgently for treatment, and this treatment is nearly always forthcoming only after medical examination with its attendant disclosures.

Of children aged three, over 50 per cent. were found to have already had measles, and of those aged four, nearly 60 per cent. About 40 per cent. in the same age groups had suffered from whooping cough. It is a well-known fact that the majority of young children do not recover from measles and whooping cough as rapidly as is generally supposed; the complications of these diseases are very numerous, and though children apparently shake the disease off in the course of a few weeks, there are many who, though they appear to have recovered, are suffering from one or the other of these complications, and are thereby laying the foundation of further and more serious trouble later in life. The oversight may often be attributed to the fact that in diseases such as measles and whooping cough, simple diseases of childhood so called, it is considered unnecessary to call for medical advice.

The conditions which affect children subsequent to an attack of the diseases named include pneumonia (congestion of the lungs), bronchitis, catarrh, enlarged glands, otorrhœa, inflammatory eye-diseases, squint and affections of the heart.

There is, moreover, a more or less lowering effect upon the constitution, which may predispose the child to other forms of disease, and more particularly perhaps to tuberculosis; any of the pulmonary complications, for instance, may prepare the child for phthisis; bronchitis if neglected may become chronic, otorrhœa may lead to partial or complete deafness, and eye inflammation may terminate in defective vision of varying degrees.

On numerous occasions one or more of these conditions have been discovered in children under five, and from the history obtained the onset in many cases has been traceable to an attack of measles or whooping cough. Needless to say, the detection of such diseases is important, and the earlier they are discovered the better it will be for the children concerned. Amongst other facts brought to light are the following:—

The condition of nutrition is described as "below normal" in nearly as many children under as over five.

About as many under as over five are described as of delicate appearance or anæmic. Squint was present in 1.5 per cent. as compared with 2 per cent. in over-fives.

Adenoids were found in 11 per cent., as compared with 14 per cent. in over-fives. Other diseases of the nose, throat, and mouth in 2 per cent. of each group.

More than four teeth were found decayed in 32 per cent. of under-fives.

Pythisis was diagnosable in 2 per cent. (over-fives, .5 per cent.)

An equal number of both groups were found to have tubercular glands in the neck. Other tubercular diseases were found more commonly in the under-fives. Eye diseases, bronchitis, rickets, enlarged lymphatic glands, and deformities of bones and joints, were equally numerous in both groups.

Skin and scalp diseases were present in 2.5 per cent. of under-fives (over-fives, 4.6 per cent.)

That all the diseases named urgently require treatment will not be questioned; it would undoubtedly be far preferable if they were prevented, but this will be accomplished only when the importance of obtaining medical advice for the diseases of childhood is realized by parents.

In the meantime many young children are afflicted with disease which in some cases is not apparent and in others is so indefinite that it is not viewed with the slightest concern. The necessity for medical treatment of squint and sore eyes as a preventive of defective vision in later life is not sufficiently recognized, attention to otorrhœa is usually neglected, and an anmic or delicate child is too often allowed to "grow out of it."

The common occurrence of serious disease in under-age children is therefore sufficient justification for the medical examination of this group at the earliest moment, and the question arises, "Is the time when a child is admitted to school, even if that time be at the age of three, sufficiently early for this examination?"

In a great number of cases it has been discovered that diseases has already seriously affected the health of a child even at this early age, as is instanced in the large percentage of cases of squint and eye-disease, adenoids, phthisis, and other tubercular diseases, bronchitis, rickets, and skin diseases. It would therefore appear that the examination, so far as these children are concerned, has not been carried out sufficiently early.

In most of our large cities, at any rate, the care and medical supervision of children commences with the child's advent to our sphere, and very careful observation is kept of it during its first year of life. Babies' welcomes and infant care and rearing centres have been established in

order that the dreadful mortality amongst infants shall be reduced. The results of such institutions have been excellent; when a child becomes 12 months old, however, this desirable supervision ceases until it attains school-going age, when it is taken in hand by the school doctor, who unfortunately finds that in the interim of neglect the child has become afflicted with preventable disease.

The time has surely arrived when we should consider seriously the necessity of linking up these two departments of the public health service, and so consummate the national desire that the young children shall grow up healthy and free from disease. It is essential to the nation's welfare that the production of imperfect, diseased, and crippled children shall cease, as it is that the infant mortality shall be reduced.

In districts where the infant care scheme and the school medical service are administered by the same medical staff, it should not be difficult to link up these two branches; the gulf betwixt the infant clinic and the school clinic is not wide, and it is both desirable and possible that this gulf should be bridged over at once.

The infant clinic should be made available to children under school age, in order that they may be kept under regular supervision. To this clinic mothers who are unable to afford a doctor's fee should be allowed to bring their children for examination and advice.

Upon attaining school age the children would be transferred for supervision to the school clinic.

Those of us who have experience of the school clinic realize its enormous value as a health centre as a means of prevention of disease and as an educative agency for the community, but we also realize that much of the misery and incapacity with which we come in contact is preventable."

SECOND ANNUAL MEETING.

The second annual meeting of the Saskatchewan Graduate Nurses' Association was held at the General Hospital, Regina, on April 1st, 1913, at 3.30 p.m.

The Secretary's report is given here, and the election of officers resulted as follows:—

President—Mrs. J. C. Black, Regina.
First Vice-President—Mrs. J. A. Westman, Regina.
Second Vice-President—Miss Cooper, R.N., Indian Head.
Third Vice-President—Miss Lila Miller, Bladworth.
Secretary—Mrs. J. Newton, Regina.
Treasurer—Miss Bolster, Regina.
Convener of Sick-visiting Committee—Miss Dale.
Convener of Social Committee—Mrs. J. A. Westman.

SECRETARY'S REPORT.

Regina, April 1st, 1913.

Madame President :—I have the honour to submit the following report.

The first annual meeting of the Saskatchewan Graduate Nurses' Association was held April 1st, 1912, in the Nurses' Parlors, General Hospital, Regina. After the reading of the various reports, Miss Grace Cooper, R.N., Indian Head, read her "Proposed Registration Bill for Saskatchewan." It was the unanimous opinion of those present that it was an excellent bill in every respect. Afterwards Dr. Hart gave a most instructive lecture on "Tuberculosis."

The Nominating Committee conducted voting by ballot for the various offices. The results were as follows:—

President—Miss Clearihue.

First Vice-President—Mrs. J. C. Black.

Second Vice-President—Miss Cooper.

Third Vice-President—Mrs. Beveridge.

Treasurer—Miss McPherson.

Secretary—Miss J. Browne.

Convener of Social Committee—Miss Armstrong.

Convener of Sick-visiting Committee—Miss McPherson.

The most important work undertaken by our Association during the year has been the establishment of a Nurses' Registry, and the publication of a pamphlet stating the regulations of the Association regarding private nursing. In this a uniform schedule of charges is made, and one clause deals with a private nurse's time off duty. This has already been of great service in meeting the inquiries of the public.

We have on our membership roll the names of thirty-six Graduate Nurses. However, two or three of these have left the Province.

This Association is much indebted to Dr. Grace Armstrong for her lecture on "Care of the Teeth," and to Dr. Bow, Medical Health Officer, for his lecture on "Infant Mortality."

I regret to state that in February, Miss Clearihue, through whose efforts this Association was organized, tendered her resignation as President.

The only social event connected with the Association during this year was the delightful "At Home" given by Mrs. J. C. Black on March 14th, 1913.

Respectfully submitted.

JEAN E. BROWNE, *Secretary.*

ANNUAL MEETING.

Programme of the seventh annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, to be held in the Public Library, Berlin, Ont., May 19th and 20th.

MONDAY, MAY 19TH.

10 a.m.—

Meeting of Council.

Appointing of Nominating Committee.

2.30 p.m.—

Invocation—Rev. J. J. A. Andrews, Berlin.

Address of Welcome—Mayor W. D. Euler, Berlin.

Reply to Address of Welcome—Miss Madden, R.N., Superintendent City Hospital, Hamilton.

Address of President—Mrs. H. M. F. Bowman, R.N., Superintendent Berlin and Waterloo Hospital.

Report of Council.

Report of Treasurer.

Report of Auditors.

Report of Committees.

Report of Nominating Committee.

Paper, "Uniformity in Training School Work"—Miss Neelin, Superintendent Royal Alexandra Hospital, Fergus.

Discussion—Led by Miss Reekie, R.N., Superintendent Guelph General Hospital.

8 p.m.—

Address—"The Visiting Delegates."

Dr. C. T. Noecker, Waterloo, representing Medical Association of Berlin and Waterloo.

Paper, Eugenics—Dr. Helen MacMurchy, Toronto (as by arrangement of Canadian National Association of Trained Nurses).

TUESDAY, MAY 20TH.

10 a.m.—

Unfinished Business.

New Business.

Election of Officers.

Introduction of President-elect.

Question Drawer—Presided over by Miss Stanley, R.N., Victoria Hospital, London, and Miss Carson, John Stratford Hospital, Brantford.

2.30 p.m.—

Paper, "What the Domestic Science Classes are trying to do for Young Women for Hospital Housekeepers"—Miss M. U. Watzon, Superintendent Department of Home Economics, McDonald Institute, Guelph.

Paper, "What Hospitals require their Housekeepers to Know"—Miss Dickson, King Edward Sanitarium, Weston, Ont.

Discussion—Led by Miss Brent, R.N., Toronto, Ont.

8 p.m.—

Paper, "Tuberculosis: What Should be done in the Smaller Towns and Rural Places, from a Layman's Viewpoint"—Rev. F. E. Oberlander, Berlin, President of Tuberculosis Sanitarium League, Berlin.

Discussion.

Preliminary Training as given in Technical High School, Toronto. Miss Margaret Davidson, Household Science Department.

Through the courtesy of Professor Creelman of MacDonald Institute, Guelph, and Miss Watzon, Superintendent of the Department of Home Economics, the joint societies are invited to visit MacDonald Institute on Thursday, May 22nd, 1913, for luncheon.

A NEW DEPARTURE.

"Heretofore the position of ship's surgeon has been monopolized by men, but all doubt as to the eligibility of women for the position has been set at rest by a Scottish steamship company.

"The company in question had a steamer on the Clyde ready to sail for Australia with a large number of passengers, including emigrants, on board. All that kept her from leaving was the lack of a surgeon. A qualified woman doctor, the daughter of a marine engineer, heard of the difficulty and offered her services. The board of trade officer who had to certify the ship looked up all precedents, and although he found that no woman had ever before been signed on as surgeon of a ship, he could find nothing against it, and the woman doctor went out with the steamer.

"On a long voyage, with a large number of emigrants, the position is not an easy one and shipping circles are awaiting the result of the experiment with some interest."

PLUCK WINS.

"Pluck wins. It always wins!
Tho' days be slow
And night be dark twixt days that come and go,
Still, pluck will win. Its average is sure;
He gains the prize who can the most endure—
Who faces issues, and who never shirks,
Who waits and watches and who always works."

—Anon.

Where there is sorrow there is holy ground. Some day people will realize what that means. They will know nothing of life till they do. . . . There are times when sorrow seems to be the only truth.—*Oscar Wilde.*

THE SCHOOL NURSE.

Teeth and Their Relation to the Body.—Dr. G. H. Wright, in *The Boston Medical and Surgical Journal,* states that four times in a child's life the tonsils become enlarged without infection or disease: (1) When the first group of temporary molars appear, at about two years of age; (2) at six years, when the first permanent molars erupt; (3) at twelve, when the second molars are in active eruption, and (4) at eighteen, when the process is completed. District nurses, school nurses and others should learn the years when to expect these teeth and remember their influence on the tonsils, which seldom require treatment.

Earache.—Dr. D. G. L. Richards says in Merck's Archives, that an earache is always important and should never be disregarded as a trivial thing to be treated with oils, poultices and various lotions. See a Specialist at once.

Defective Eyes.—In a paper read before the Kansas Medical Society, Dr. J. R. Scott says that eye strain is not a myth. Excessive contractions of the ciliary muscle require extra energy. Children are often unable to expend this, and organs remote from the eyes suffer, as well as the general nutrition. Myopia is an acquired defect, brought about by an excessive use of the eyes. If the structures of the eye ball do not give way under the continual tug of the ciliary muscle, the extra energy expended exhausts the individual, neurasthenic symptoms follow, sometimes through life, and decreased efficiency results. It is believed that the cataract of advanced years is the result of eye strain in early life.

The School Nurses of Toronto are glad to be able to announce that dental clinics in the schools are no longer a visionary ideal, but are an actual fact. The city has donated money to equip three such in the following schools: Earlscourt, Roden and Annette. These are schools in quarters from which it is hard for children to reach the central clinics. It will be a boon to each district to have this assistance.

Our own particular pride, however, centres in the dental equipment being installed in Queen Alexandra School, on Broadview Avenue. The earliest activity of the Canadian Public School Nurses' Association was to establish a fund for a portable clinic. School concerts were given by the nurses with the co-operation of principals and staff; dances were held, and gradually a sufficient fund was gathered, but our enterprise was held in check by the City Council's promise to do this and leave our funds for other needs. We have waited two years—not patiently—and at last we are able to announce our clinic. It is a complete equipment, all white, a model in every respect, and we are very proud of it. Visitors to the city will be most welcome to the school, which is easily reached by street car.

The Canadian Public School Nurses' Association held its regular

monthly meeting on Monday, April 7th, at 3.30 in the clubhouse. There was a large attendance, with the President in the chair. Among the new business was the decision to subscribe to three new journals for circulation among the staff. These are: *"British Journal of Nursing," "The Child," "The Visiting Quarterly."*

A very enjoyable musical programme was provided by the committee in charge of the meeting, and later on afternoon tea was served. The meeting then adjourned.

There will be a series of pictures on the School Nurse page, starting next month, descriptive of some of the typical cases "before and after." They will be interesting and convincing—seeing is believing—and these will be photographs.

CONVENTION NOTES.

The Canadian National Association of Trained Nurses meets in Berlin, Ont., May 20th and 21st, 1913.

A very interesting programme has been prepared and a large attendance is expected.

For the information of the delegates the following hotel list is given: The Walper House, the American Hotel, the Bowman House, the Brunswick.

N.B.—Since our announcement appeared in the April issue it has been found necessary to make a slight change in convention dates. Kindly note that convention is May 20th and 21st.

OPPORTUNITY.

Master of human destinies am I;
Fame, love and fortune on my footsteps wait,
Cities and fields I walk; I penetrate
Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate;
If sleeping, wake; if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate
Condemned to failure, penury and woe,
Seek me in vain and uselessly implore,
I answer not and I return no more.

—*Senator John J. Ingalls.*

Editorial

REGISTRATION OF NURSES IN MANITOBA.

We had hoped to present, in this issue, some details of the Nurses' Registration Bill recently passed by the Legislature of Manitoba. Failing this, we are pleased to note that the *Nurses' Alumnae Journal* of Winnipeg General Hospital, speaking editorially, is satisfied that, though all the hopes of the Provincial Association have not been realized, yet the primary object of the Association has been attained. We here quote directly:—

"While the bill, as passed, is not all that the Association had hoped for, the foundation remains upon which it is hoped a substantial structure may be built in the years that are to come.

"The primary object of the Association has been attained. And as 'all examinations and matters pertaining thereto under this Act shall be determined and conducted by and under the direction of the Council of the University of Manitoba, who shall appoint examiners therefor,' we feel that a step has been taken toward the secondary object, 'to raise the educational status and to perpetuate the traditions and the honour of nursing.'

"We now have University recognition, with all that means to us as nurses—let us consecrate anew all our powers! For our inspiration we would read again the closing thought of Miss Adelaide Nutting's splendid address before the Congress of Nursing in Cologne: "For our encouragement in our difficult upward path stands the picture of Isabel Robb, bringing our problems to the University—asking merely for an opportunity—empty-handed—but with an idea and a vision, and also with faith in nurses, that they would make their own place and shape their own course, and that training schools would discover their own extreme need.' "

Thus it will be seen that the Legislature of Manitoba has placed the nursing profession where it really belongs—a part of the Provincial University. For registration, to be of real value to the profession, or, indeed, to the public, must guarantee educational attainment and ensure the provision of educational facilities.

The Training Schools of Manitoba will now strive to attain the standard set by the University, and the nurses of Manitoba will have the proud distinction of receiving their diplomas and degrees at the hands of the University.

Our heartiest congratulations go out to you—Nurses of Manitoba—for you are the leaders in this great educational campaign. May other Legislatures note this!

FIRST ANNUAL MEETING.

The first annual meeting of the Graduate Nurses' Association of British Columbia will be held at Vancouver, B.C., Friday and Saturday, June the 13th and 14th.

A NEW FEATURE.

The Board of Directors of THE CANADIAN NURSE, at a meeting early in the year, considered that it would be the part of wisdom to seek to preserve some account of the growth of the nursing profession in Canada, and that it would be interesting to present, along with the history of different organizations and movements, the photographs of those most closely connected with the work described.

We were particularly pleased to present to our readers, in April, a photograph of Mr. J. Ross Robertson, whose splendid work for the children and for nurses is known all over the continent.

This month our readers will be pleased to make the acquaintance of Mrs. A. H. Paffard, who, in 1904, accomplished the gigantic task of gathering together and organizing the nurses of Ontario. Mrs. Paffard's interest in the profession is as keen and unwavering as when she was in active work, and the profession in Ontario, and, indeed in Canada, owes much to her untiring energy and cautious foresight.

A WARNING.

A correspondent from the West sounds a note of warning to nurses who may be contemplating practising in some of the Western Provinces.

She says: "I wonder if I might take it upon myself to call attention to the fact that *too many nurses are coming to the West.* Living expenses are *very high* and they often remain idle for weeks. The Calgary Graduate Nurses' Association has 130 nurses on its registry, and often fifty of these are idle."

Nurses who contemplate going West will do well to note conditions and go prepared to wait—and all know what that means.

SOME IDEALS FOR A COMMITTEE MEMBER.

Nurses are frequently called upon to act on committees, often important ones which deal with questions of a far-reaching nature. That high ideals of one's duty and responsibility are necessary will be at once conceded.

The article under the above title in the January issue of *The Home*

Mission Pioneer discussed this subject so thoroughly and well that we reproduce it here:

"For the sake of convenience we may divide our subject into the greater and the lesser ideals, though, to secure an ideal committee member, all the ideals are equally important, because each one contributes duly to the whole, which is incomplete without its parts.

"Of the greater ideals, let us affirm that committee work involves leadership as well as administration, therefore each member should have the added sense of personal responsibility which this ideal brings, and all her simplest acts in committee should emphasize the dignity and the humility of true leadership.

"Again, however precious be the qualities of developed individuality, in committee work the ideal is the combination of developed individuals. The committee member must not only perceive this ideal, but attain to it by giving her own best contribution, and then with equal determination seek to elicit the best contribution of others, and, with the materials so called out, aim at the combination of ideals. A welded idea is a splendid thing, even though it takes time to accomplish, and the committee member must be prepared in the process to see the form of her own particular contribution disappear, though its essential qualities never can.

"The ideal committee member will do as much unseen, as seen, committee work. She will prepare, first by prayer and communion, and then by study. The Saviour of mankind chooses still, as He chose on earth, to do His work through others. All committee work is a part of the Divine plan for bringing salvation to the world; therefore we, in working corporately, are intimately associated with Him who, apart from the one great lonely office of Redemption, committed His purpose to a church—not to individuals.

"Naturally, therefore, committee work must be approached in much prayer, and the ideal member will attend in the spirit and calm of prayer and in close relationship with her Lord. The destiny of lives often hangs on a committee's decision; a career may be checked or forwarded; an injustice may be done; an opportunity for bold and noble action may be lost; details and common-sense, essential to the service of God, may be ignored. All committee work is, or should be, critical (for it is a pity to have a committee, if the work can be equally well done without one), and, therefore, much prayer and self-preparation is needed beforehand on the part of the committee member.

"Also, the ideal member will examine her agenda paper before coming, and 'think through' it. She will read any available report; if an item is too vaguely or generally expressed, she will ask the secretary to give her information; and her whole aim should be to attend with an open, yet well-stored mind. Then, when these crises arise, as they

do in all committee work, of burning questions, and opinion is strongly divided, the ideals of a committee member, if cultivated by practice, will lift her above any display or sense of 'party spirit,' and will make her, in the hour of difficulty, a strength to every one.

"The lesser ideals of a committee member include much that is often scorned as 'red tape' by those who do not 'consider.' A certain form of procedure, written and unwritten, and a certain code of honor and decorum have descended to us as a heritage in committee work, which we ought to prize highly. Experience has framed and founded them and, in reality, they are essential to true committee work, for they regulate human weakness and selfishness and secure for any member the 'fair play' so dear to our hearts.

"There is cause, no doubt, for scorning 'red tape' in committee if the larger ideals are absent, and if, as is not unknown, there is displayed that perfect knowledge of all the mysteries of committee procedure, which has the effect of delaying business. Wherever the procedure bulks larger than the work done in committee, something is surely wrong, and the 'Much-ado-about-nothing' Committee is to be avoided by all who desire to be engaged in genuine sowing and reaping. However, this type of committee is rare, and there is no reason why a terror of its peculiar sins should make the genuine working committee, which wants to take the simplest course to attain its object effectually, an unbusinesslike ceremony.

"There are, then, recognized codes of procedure and honor, and the ideals of a committee member will lead her to uphold both. When in a committee the stage of preliminary discussion has been passed, and the member has her chance of speaking for or against a motion, she will try to say all she has to say tersely in one careful speech. She will recognize that she should not keep on dropping out arguments one by one at intervals. Others must speak as well as she, and a committee is not a conference. She will uphold, not only in mind, but in attitude, the authority of the chair; and she, since the votes of the majority put the chair in that position, will not question her decisions. The member who speaks too little has as indifferent an ideal as the member who speaks too much. If she did not speak at all it would be better, for she usually says at the door on leaving, 'I wanted so much to say so-and-so, but I didn't like to.' That member has no true ideal of responsibility, and should not really be on a committee, unless she is silent because others have said what she thinks and there is no need or repetition.

"A committee member who 'does not vote' on a question is involved in the decision of the committee, and, unless she is prepared for this, she ought to vote one way or the other. It is of course known widely that the discussions of a committee are privileged, and that only their decisions are to be known outside. It might well be one of the lesser

ideals to determine never to let any syllable drop outside a committee of that which has arisen within. The secretary alone has authority to announce decisions, and this only as an official act for which she is responsible to the committee.

"It is difficult, more especially among women, not to think that opposing opinions contain some personal feeling. It should surely be one of the ideals the most resolutely maintained that all criticism of proposals is impersonal; only in this belief can our contributions be thought and action be lovingly and fearlessly given.

"Undoubtedly committees are sorely weakened if members join and do not mean to give work; and in forming a committee it is fatal to ask someone to join for the sake of 'her name.' Should it not be an ideal among women workers not to join a committee 'because it is so nice to know what is going on'; and only to join if the call to a committee is also a fresh call from God to serve Him in this special way by undertaking special responsibility?

"Really, the ultimate aim of a committee must be very high; and the ideal of each member will sustain and raise this. A committee does not exist only for the little patch of service in God's great world for which it is responsible. Whatever be the society or the objective, the Christian Committee exists for the spread of the Kingdom, the laws of the Kingdom are its real by-laws, the beatitudes of the Kingdom are its real inheritance. Every committee member with a large ideal, seeing her committee as one of a vast number of similar bodies all seeking to carry out the will of God, will impart to that committee the largeness, the generosity, the fulness of purpose and hope, which make it possible to subordinate personal desires to a great common end.

"It is very helpful to sit in a committee meeting where one can catch some glimpse of the sky; the air, the light, the clouds have much to say. But it is better still in a committee to make a constant practice, when not personally pressed at the moment, of 'seeing Him who is invisible,' to translate in thought the vexed problem to the calm tribunal of the Throne of God, and to return from there, renewed in faith to aid the fellow-workers. . . . To 'see Jesus' frequently during a committee is perhaps the greatest ideal of all."

The Guild of Saint Barnabas

The fifteenth annual meeting of the Montreal Branch was attended by the Chaplain, three honorary members and eleven members. The following extracts are taken from the report presented by the Secretary:—

"There have been two additions to our roll during the past year. The Misericordia ribbon has been given to the Misses Aikman, Wilson and Sewell, and to Mrs. Stanley, all of whom can claim to have been members of the Guild for ten years. The absence of our Superior, Miss Stikeman, is a matter of great regret; she is much missed at the meetings. Our roll includes 49 members, 1 associate and 11 honorary members. Twenty-nine are resident in Montreal or its immediate vicinity, the remaining twenty being scattered over a wide area of country. During the year eight meetings have been held, with an average attendance of 9.4 nurses, not including visitors. Two members of English branches have visited us, also a member of the American Guild, and at one meeting we had the pleasure of welcoming Mrs. John Kerry, who was made an associate at the opening meeting of this branch, January 25th, 1898, and was the first to receive her medal of membership in Montreal.

"On St. Barnabas' Day several of the members were present at the seven o'clock celebration of the Holy Communion in St. John the Evangelist Church. In the afternoon the Superior entertained as many as could come at her house, and the anniversary service in the evening was attended by thirteen members. In October the Chaplain invited the members to tea after the usual monthly service. The monthly celebrations at the Royal Victoria Hospital have been continued by the Chaplain."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

The annual meeting of the Association will be held in Toronto on May 23rd, 1913. The morning session, which will be a business session, will be held at the clubhouse, 295 Sherbourne St. Luncheon will be served at the club for the visitors.

The afternoon and evening sessions will be held at the Residence of the Hospital for Sick Children.

Afternoon Session, 2.30 p.m.

"Visiting Nursing"—Miss Long, St. Elizabeth's Visiting Nurses' Association, Toronto.

"The Value of a Chapter."

"Co-operation"—Miss H. N. W. Smith, Chairman of the Hamilton Chapter.

"Health Nursing."

Visit to Forest School, where tea will be served.

Evening Session, 8 p.m

Oral Hygiene and Free Dental Clinics—W. H. Doherty, D.D.S., Dental Inspector of Schools, Toronto.

School Nursing (illustrated by lantern slides)—Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

A complete programme will be in the hands of the members at an early date.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

Miss Eldred Neelands, Class '08, has been appointed Superintendent of the Methodist Missionary Hospital, Bela Bela, B.C.

Miss Isabel MacIntosh has resigned her position as Supervisor of Private Floor at New Rochelle General Hospital and has returned to Hamilton to do private nursing.

Miss Ida Hunter, Class '12, is going home to Scotland early in May. Her classmates held a reception in her honour at the club on Thursday, April 3rd.

Miss Grace Harris, Class '06, has gone to Regina, Sask., to do private nursing.

Miss Laura Hanham will leave soon for Lethbridge, Alta.

BURNETT—On March 20th, 1913, at Brant Park, Burlington, Ont., to Dr. and Mrs. A. C. Burnett, a daughter. Mrs. Burnett (née Ella Robertson) is a Graduate of H. C. H., Class '05.

HERMAN—On March 19th, 1913, at 47 Sherman Ave. South, Hamilton, to Mr. and Mrs. J. Herman, a daughter. Mrs. Herman (née Eva Faulknor) is a Graduate of H. C. H., Class '10.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's Rooms on Tuesday evening, April the 1st, when Doctor Cushing gave us a most instructive lecture on "The Recent Advances in the Propylaxis of Contagious Diseases," notes of which are here given. A hearty vote of thanks was given to Dr. Cushing and after a social half hour the meeting adjourned.

Doctor Cushing, in his lecture on this subject, stated that during the past year one and a half million of people died from infectious diseases in the United States. This meant a loss to the country of five million dollars.

No very great advances had been made in the fight against infectious diseases owing to the fact that the work was carried on in the dark, but that more advance had been made in the last fifty years than in all time before.

There are four ways of fighting infection, viz., by isolation, disinfection, sanitation and inoculation. Leviticus, chapters 13 and 14, show us how to quarantine, isolate and disinfect.

In considering the causes of failure, let us consider first those of quarantine. At one time cases of yellow fever were quarantined with shot guns, and in spite of this the disease was carried. In Havana and Cuba this disease made constant ravages for 150 years, until in the latter place five men investigated for means to prevent it. They discovered that it was carried by mosquitoes, by capturing insects that had bitten the fever-stricken, and then allowing themselves to be bitten by them, when the disease developed. It was owing to this scourge that the

French failed to build the Panama Canal. Twenty-three thousand men died of it.

Second cause of failure—Mild cases of disease are not recognized and so spread and nullify our strictest isolation.

Third cause—Certain persons who have or have not suffered from attacks, may carry organisms in their bodies and are so called bacilli carriers. One such person was discovered some years ago and became known as "Typhoid Mary." Two cases occurred in a family and the cause could not be traced to the milk or water supply. Cultures were taken and the germs were found in the cook. She was ordered to be sent to hospital, and when she refused to go was arrested, and became notorious. She was removed to quarantine and in writing the history it was discovered that in six or seven families where she had lived typhoid had developed in every one.

People are so often prejudiced against infectious hospitals, but complete isolation is not possible excepting in homes of the wealthier classes.

Second weapon, sanitation. By stamping out impure water and milk supply; this we have it in our power to do. Much is being done in the latter by supplying to babies pure milk from the milk stations. It was owing to the impure water and food supply that the epidemics of cholera were so deadly in the early years of the last century in this country, when the first weapon, isolation, failed.

Third weapon, inoculation, by which the disease is developed, stopped and the person rendered immune, such as vaccination for smallpox, discovered by Jenner; in the last great epidemic in 1885, 3,000 people died. Doctor Friedmann inoculates with live tuberculous bacilli from turtles and then we have antitoxin for diphtheria. Typhoid vaccination too has been practised. Vaccination in all forms is a new science, but will one day be our strongest weapon.

The laws of housing and hygiene have done much in the war against tuberculosis; typhus and relapsing fever have been stamped out by elimination of intermediate hosts. The scourge of typhus in which Sister Reid, doctors and clergy died in Montreal in 1827, was spread by body pediculi. The conditions under which the immigrants came out to this country were so bad that the ships were hot-beds of disease.

Bubonic plague spread in other years by the bite of fleas. Rats and mice took the disease, died in houses and streets. Fleas were always present on these bodies, and carried it from them to man.

Sleeping sickness, which, in parts of Africa, attacks everybody and whole towns perish, is carried by a fly.

Infantile paralysis is carried by the stable fly; the common house fly spreads typhoid and tuberculosis; malaria is carried by mosquitoes. By the elimination of these hosts countries now uninhabitable will be made habitable and the Tropics will one day be the healthiest place in the

world, measures being taken to disinfect with sulphur all stagnant pools, etc.

In this great warfare we are winning, and in future years infectious diseases will be eradicated in all civilized countries. Doctors and nurses will be without occupation.

Pasteur said: "We have it in our power and why are we not successful?" One reason is that the Government will treat animals and not man. Another is apathy and indifference; failure of the poorer classes to recognize the need. Once they get the knowledge their desire will be to spread the knowledge.

SAND-BAGS:—*The Trained Nurse* gives these hints on the uses to which sand-bags may be put:—

Don't be limited to one bag, nor to six, nor to any single size or shape, but be as prodigal in their supply as time permits. Make them of square, oblong and circular shapes, of large, small and medium size.

A tiny one, tucked into the hollow of the tired patient's neck, is a great comfort when he lies on his side. A larger one, at the "small" of the back, is almost indispensable for perfect rest. One that "just fits," on which the tired knee may rest, relieves the strain on knee and nerves—for when the body is at all weary the nerves revolt in a general way.

Small sand-bags, daintily covered with silk, satin or velvet, may be used as paper weights on the patient's bed when she reads or writes.

Put the bags wherever needed, whether merely for rest or, warmed thoroughly, to relieve cold feet. They may be used on a chair that is not padded when the invalid wishes to sit up. Heated thoroughly in the kitchen oven or on the radiator, they are better than a hot-water bottle to relieve pain, and they make a cold bed so comfortable that the patient will either sing the doxology—or go to sleep!

The sand should be fine and sifted, to be sure that there is no annoying substance mixed in it; wash it, to insure absolute cleanliness, and bake it on tins in a hot oven to sterilize it.

The sand-bags should be of fine but thin cotton and covered with flannel to insure warmth. Each one should have a pair of linen slips, or soft cotton ones, which can be removed to send to the laundry or when the bag is to be heated. When heated slowly but thoroughly heat remains for hours, blessing her who gives and her who receives of its comfort.

PRESIDENT'S REPORT, HALIFAX, 1912.

The close of the year marks another mile stone in the history of the Victorian Order of Nurses—a place where we pause amid the hurry of the work, look over the past, note what has been done, and consider what should be done in the future. Ten years have come and gone, under the present management—years of steady progress. At the end of 1902 we closed our first year with 2,437 visits made by two nurses at the call of about 30 doctors; at the end of 1912, our tenth year, we report 5,960 visits paid by four nurses at the call of fifty different doctors. During those ten years the Order in this city has fulfilled the purpose for which it was organized and has brought trained nursing, once the possession of the rich and prosperous, within the reach of all. The very poor, whose quarters are limited to one room, with almost no furniture, and little or no clothing, have been our first care, and have received without money and without price nursing the equal of that which would have been given had they lived in the best home in the city. We have not asked a patient's colour, creed or nationality. If she were dirty, the nurse has made her clean; if hungry, she has been fed; if naked, clothed, and in all cases, when sick, has been visited. To be sick and needy has been the only qualification necessary to be a Victorian Order patient. Of the total number nursed, ten and a half per cent. have been free cases. But it is among the labourers and artisans, the self-respecting working classes, that the work is increasing and being more and more appreciated. These formerly had no trained nursing. A member of the family, or a kind neighbour, did the best she could for the sick one. Now, a Victorian Order nurse, with a skill born of knowledge and experience, does for the patient what no kind friend, however willing, could do. In operations and surgical cases the nurses are invaluable; in maternity cases they are in great demand, the number of such during the year being 429, or an average of over eight per week. During 1912 the

number of births in the city was 1,305. Our nurses have attended 32.8 per cent., or nearly one-third of these. The indication is that the time is not far distant when one-half of the maternity work in the city will be in the hands of the Victorian Order. This carries with it some responsibility. A nurse's duties in these cases ends usually at the end of two weeks. The mother is then up and well on the road to recovery. It would be a good thing if these cases could be followed up and all the infants and mothers visited periodically during the first year.

In looking over the records of the city we find that 201 infants born in 1912 did not live to be one year old. In other words, we lost over 15 per cent., or nearly one in six. Some effort should surely be made to reduce this large percentage. As the Victorian Order Nurses are skilled workers and are acquainted with the mothers and enjoy their confidence, it would seem that they are the agency through which something could be done. No doubt a large percentage die through improper feeding. The mothers are young and inexperienced; they need help and instruction. Then, clean, good milk should be available, and ice in the hottest weather. Owing to the efforts of the Board of Health in insisting on milk inspection, the quality of the milk is without doubt improved. We can at least find out what we are getting. In many of our cities Milk Stations have been opened in charge of Victorian Order Nurses. Here clean, sweet milk is kept for sale; also ice can be obtained. A Victorian Order Nurse is in attendance in the morning; also doctors give their services in turn to prescribe for the very ill babies. In the afternoon the nurse visits the homes, showing mothers how to prepare the food, how to keep the bottles clean, and giving other instruction as to the care of infants. If the baby is not thriving, it is visited often and care is taken to discover the cause, and the remedy. These Milk Stations wherever tried have been great factors in reducing infant mortality. It would be a good plan to have one in Halifax, at least during the months of June, July, August and September. Lack of the necessary funds is the only thing which will stand between the Victorian Order and its undertaking this work during the coming summer.

This brings me to the finances, which have been in a very satisfactory condition during the past year. We have been able to meet our expenses. We have at present four nurses—Mrs. Tyler, Miss Young, Miss McDonald and Miss Grant. Our expenses were $3,311.18, an average of $827.80 per nurse. Each visit made costs the Order 56 cents. The city gives us $600 towards the expenses of one nurse. We have collected in fees $1,259.92 during the year, $240.61 of which has been from the Metropolitan Life Insurance Company for attending their policy-holders. A generous public has subscribed $1,339.38, which has been collected by a devoted band of collectors; the North British Society has given us $25, and the proceeds of the "Geisha," kindly given us

by those getting up the play, were $313.63. We have now on hand or enough in sight to carry on our work until next autumn, when we will have to collect again. If we open a Milk Station that will be extra.

Since the work has grown and increased, the committee have at various times discussed the advisability of having a Home for their nurses. So far it has never been possible to secure sufficient accommodation for all our nurses in one boarding house. While excellent board could be obtained, we have never been able to get a room for each nurse. A Home has been at various times considered, and flats and small cottages looked at, but nothing suitable found. A Victorian Order Nurse's work is often strenuous and sometimes amid disagreeable and dirty surroundings, and comfortable quarters mean much to her.

The Halifax Local Council of Women has lately come into possession of the house bequeathed to them by the late Mr. Geo. Wright. They are now preparing to occupy the same, and have offered to make a Home for our nurses in their building. Here they would be most comfortable, with a room for each nurse. The offer is a generous one on the part of the Council, and the committee has accepted it and will shortly move the nurses. In the meantime the Council is furnishing the house and I am sure would be glad of any donations for that purpose from persons interested.

Our thanks are due our friends who donated old linen, of which we never have enough, and especially to the Circles of the First Baptist Church, who have helped us with our sewing. The committee always keeps on hand a supply of infants' clothing, bed-linen, night dresses and dressing jackets, which they lend to needy patients.

Of the patients, 340 have registered Protestant, 279 Roman Catholics, and about 10 Jews.

The nurses have worked for fifty different doctors during the year. The following letter is a sample of how doctors regard the Order:—

Mrs. W. Dennis, Halifax, Jan. 28, 1913.

President Victorian Order of Nurses, Halifax:

Dear Mrs. Dennis,—Permit me to express my appreciation of the work of the Victorian Order of Nurses at Halifax during the past year. I know of no better charity than that which places efficient nursing within the reach of all classes.

It is utterly impossible for those outside the profession to know the untiring and painstaking efforts of the nurses who are giving their lives to this frequently difficult and disagreeable work.

It is hoped that the Order may receive more liberal support, and that the coming year may see further extension.

Again congratulating the committee which has made the V. O. N. possible in Halifax.

Sincerely yours, (Signed) FRANK W. WOODBURY.

In conclusion, we must express our appreciation of the work of Mrs. Tyler and her assistant nurses. It is not upon the subscribers, the collectors, the doctors, or even the committee—necessary as they all are—but upon the self-denying and conscientious devotion to duty of the nurses, that the success of the work has depended, and must ever depend. We have placed the good name of the Order in their hands and have no fear of the result, assuring them that amidst strenuous and sometimes disagreeable work they have the support and sympathy of the committee.

Respectfully submitted,

(Signed) AGNES DENNIS.

HOSPITALS AND NURSES.

Miss Louise Wright, Graduate of MacDonald Institute, Guelph, has been appointed Dietitian at the General and Marine Hospital, Owen Sound, Ont.

A new smallpox hospital is to be built at Brantford, Ont., by order of the Board of Health.

The ladies of Seaforth are making preparations for the opening of a hospital.

Miss Anna Asenath Hawley, one of our Western nurses, who has been out to civilization but once during the past eighteen months, will journey to the City of Prince Albert the last week of May to address a missionary meeting. Miss Hawley will plead the cause of the Indian—a subject in which she thoroughly believes.

Sister Mary Alice, Superintendent C. V. H., Plattsburg, N.Y., was a guest at the Mother House, Ottawa, during a business trip to the Capital.

Miss E. O'Connor, Superintendent Ottawa Isolation Hospital, finding her duties too arduous to permit of time to act as President of the Alumnae, O. G. H., resigned the position. Miss I. McIlroy, First Vice-President, was elected to fill the vacancy.

At the regular meeting of the Alumnae of the O. G. H. in February a resolution of condolence was passed to Rev. Sister Josephet, Superintendent O. G. H., and Hon. President of the Association, on the recent death of her mother at Rockland, Ont., as well as to Mrs. Charles O'Connor, honorary member of the Association, on the recent death of her father-in-law, Mr. D. O'Connor, at Ottawa.

After the regular business meeting of the Alumnae of the O. G. H. in March, Rev. Father Finnigan delivered a most delightful address to the members present, choosing as his subject "The Nursing Profession." His remarks were of such a nature as to make all of those who heard

him very proud of their calling. Commenting on the quality of patience required in nurses' work in some cases, the reverend lecturer said "Christlike" was the only term to apply. He concluded with kindly words of advice regarding the different forms of literature and amusements most profitable and practical. The President, Miss MacElroy, proposed a vote of thanks, which was readily adopted.

Miss M. Gravelle, Graduate of the Ottawa General Hospital, has accepted a position as nurse in charge of maternity ward in the St. Joseph's Hospital, Troy, N.Y.

Miss Y. Blais and Miss E. Walsh, both Graduates O. G. H., have accepted positions as Head Nurses in the "Miseracordia Hospital," Edmonton.

Many friends of Miss K. Gunn, Graduate of O. G. H., will be pleased to hear of her recovery from her recent serious illness.

Miss Grace Hastie, Graduate of Vancouver General Hospital, is Superintendent of Diamond Jubilee Hospital, Fort Steele, B.C. Her duties began February 1st, 1913.

Miss Frances Bond, Graduate of Vancouver General Hospital, is doing private work in Nelson, B.C.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital, Montreal, to the Graduating Class, took place on the evening of March 19th at 8 o'clock in the dining room of the Nurses' Home. There were eighty present, representatives from all former graduating classes of the school. The large dining room was beautifully decorated with spring flowers, pink tulips and narcissus; the large centre table having in the middle a silver basket of Easter lilies, tulips and narcissus; from the chandelier streamers of pink ribbon extended to the corners of the table; the rest of the room was filled with small tables seating six each. The dinner itself was excellent, and everyone, old and new graduates, seemed in the gayest of spirits. Miss McIntosh was toastmistress. "The King," proposed by Miss Goodhue; "The Governors," by Miss Munroe; "The Graduating Class," by Miss Wylie; "The Doctors," by Miss Winnifred Graham, were heartily responded to; "Our Absent Friends" were remembered in a bright speech by Miss Winnifred Almond. Miss Penny, senior member of the graduating class, responded to the toast of the class in a very clever little speech. Miss Rowed, class of 1912, gave a short address dealing with some of the personal experiences and ambitions, real or imaginary, of the graduating class, which caused much merriment. Mrs. Stanley said a few words of appreciation and thanks to those upon whom the work of providing the pleasant evening had fallen, referring to the general regret felt at the departure of Miss Archibald, the very popular head of the diet kitchen. A toast and three cheers for Miss Hersey, the Lady Superintendent, brought what

was voted to be the pleasantest dinner of the many already given to a close. An adjournment was made to the sitting room of the Home, where an hour was spent in dancing. The new Victrola which was lately presented to the Nurses' Home contributed very much to the pleasure of the evening.

Miss Squire, Graduate of the Royal Victoria Hospital, who has nursed the Duchess of Connaught during her two illnesses, sailed with her on March 21st. She expects to spend some months in England with friends before returning home.

Miss Archibald, who has been in charge of the diet kitchen in the Royal Victoria Hospital for several years, leaves very soon to spend some time in travel and at home. Much regret is felt at her departure, her bright and cheerful manner of meeting all requests connected with her department have made her most popular with all who came in contact with her, and she will be much missed by her many friends in the R. V. H.

"A drug clerk in Richmond, Va., has been arrested on the charge of murder. It appears that the family physician gave an order over the telephone for a 'mild chloride of mercury,' meaning calomel, and the drug clerk mistook the order for 'bichloride of mercury,' and filled the prescription accordingly, with fatal result. The moral of this case and the allotment of responsibility for it would seem to involve more than the drug clerk. The conjunction of the telephone and the human ear make a dangerous medium through which to fill prescriptions. Our modern short-cut is by no means a safe one in administering medicine."

Miss Bufton's apartment in the Rene Le Marchand Mansions, Edmonton, was the scene of a very dainty "At Home" on March 25th, when she entertained the Graduate Nurses and a number of their friends to tea. Miss Martin received with Miss Bufton, while Mrs. Campbell gracefully presided at the tea table. The former President of the Graduate Nurses' Association, Mrs. Armstrong, was warmly welcomed. The guests had a thoroughly good time, one and all wishing Miss Bufton every success.

Miss Bufton has established a Register for the Graduate Nurses of Edmonton, which no doubt will prove of great benefit to doctors and nurses. We wish Miss Bufton every success in her enterprise.

The Victorian Order work in Edmonton is progressing favorably. There are now three nurses working in the district—two in Edmonton and one in South Edmonton.

Miss Wyatt, at one time charge nurse in the Hamilton Sanitarium, is now in Edmonton doing private work.

Miss Pepper, who was in Edmonton doing district work, went home to Lanark, Ont., for a much needed rest.

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Mrs. Geo. Clode, who was one of the staff nurses in the Woman's Hospital, New York, is now in Birmingham, Ala., doing private work.

Kootenay, B.C., is planning to build a large addition to its General Hospital this summer.

The first graduating exercises, when the 1913 class from the Training School of the Royal Columbian Hospital, New Westminster, B.C., received diplomas, were most interesting and largely attended. Mr. J. J. Johnston, Chairman of the Hospital Board, presided. Mayor Gray presented the diplomas; Mrs. Corbould pinned on the medals, and Alderman Lynch gallantly presented bouquets to the graduates—Misses Ethel Alcock, L. McCallum, C. M. Grant, L. McAllister, Olive Thompson, and L. Percy. Miss Scott, Superintendent of the hospital, in her address gave much sound advice, recommending the new members of the nursing profession to so combine common sense, enthusiasm and idealism as to make them triumph over all difficulties. She showed that 32 nurses had graduated from the hospital since 1903.

The regular monthly meeting of the Toronto Central Registry was held at the Registry Office, 295 Sherbourne St., Monday, April 7th, at 3 p.m., Miss C. A. Mitchell, Convener in the chair. Eight members were present. Six applications were considered and accepted. Eleven nurses joined the Registry in March. Total calls for March were 352; fees received in March, $145; received from sale of charts, $6.29; disbursements, $156.20; total balance in bank, $1,681.67.

We regret to report the illness of Miss Amy Dickson, Graduate of the Toronto General Hospital, who underwent a serious operation a short time ago.

Miss Connor, Assistant Registrar, has been absent through illness for the past two months, and does not yet feel able to resume her duties in the office. The Registry Committee very kindly decided to pay Miss Connor her salary in full during her absence.

Several changes in the personnel of the staff of the Calgary General Hospital have taken place recently. The resignation of Dr. W. A. Lincoln, Medical Superintendent for the past three years, was received with much regret. He is succeeded by Dr. A. H. Taylor of Toronto, who assumed his duties April 1st. Miss McPhedran's resignation as Assistant Lady Superintendent was also received. Miss Edy (Harper, '06), who has had charge of the women's wards, was appointed to this vacancy.

At the coming convention of the Graduate Nurses' Association of Alberta, the question of registration will fill a large place in the discussion, a full account of which will be sent later. The "floating population" among nurses and the many varieties of training (?) they have received, makes this a very important but exceedingly difficult question

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to handle, but we hope by the end of the year to have formulated a registration bill which will prove acceptable and "workable" under the unusual conditions prevailing in the West.

A new wing is being added to the Kincardine General Hospital, which we expect to occupy next fall. When completed there will be five new private wards on the ground floor and rooms for the nurses on the second floor. A verandah twelve feet wide will be on the south and west sides, from which a lovely view of the lake can be seen and on which patients can be wheeled for air and sun. This hospital has recently been affiliated with the Western, Toronto.

At the monthly meeting of the Heather Chapter, I.O.D.E., Miss Holman, Head Worker of the Social Service Association of General Hospital, gave a very interesting talk on social service work, emphasizing the necessity of keeping in touch with all other charity organizations. Mrs. Clutterbuck, Regent of the Chapter, was elected delegate to the annual I.O.D.E. meeting to be held in Winnipeg in May. The Dickens Fellowship gave three evenings on "Our Mutual Friend" and "The Cricket on the Hearth," April 3rd, 4th and 5th, at the Conservatory of Music, in aid of the Heather Chapter in its care for tuberculous children.

Miss Marie E. Stevenson, a former Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green St., Philadelphia, has resigned her position with the Barber Hospital and Sanatorium connected with above Institute.

Mr. Joseph L. Hayes, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green St., Philadelphia, has been retained in that institution.

Mr. John Charles Wilks, of Vancouver, B.C., recently graduated in Massage, Electricity and Mechano-Therapy, of the Pennsylvania Orthopaedic Institute, Inc., 1711 Green St., Philadelphia, has accepted a position with the Vancouver General Hospital as head of their Mechanical Department.

Mr. Alfred Gulbech, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the Hydro-Therapy department of the Kankakee State Hospital, Kankakee, Ill.

Miss K. M. Holmes, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been requested to teach the nurses in training at the Galt Hospital, Lethbridge, Alta. She enters upon her duties at once.

Miss Susan G. Burkholder, Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., has accepted a position with the Nesbitt-Evans-Nesbitt Sanatorium, Sycamore, Ill.

Collingwood.—Thanks to the generosity of Mr. Thos. Long, who is

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The Michael Reese Hospital Training School for Nurses offers the opportunity, to a few well qualified graduates, of work in the surgical departments of the Hospital, including the operating rooms, as a preparation for taking charge of operating rooms in other institutions ; also study and service in the Maternity Department, and in the newly erected Children's Building.
These departments offer unusual opportunities. Special class work in Bacteriology, also lectures in Obstetrics and Pediatrics will be given, and other classes will be arranged according to demand. Residential privileges and a monthly allowance. Length of course dependent on work desired.

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presenting it as a memorial to his late wife, the long-wished-for Nurses' Residence is in sight. The building will be completed during the summer and, when finished, will provide accommodation for fifteen pupils, as well as the regular staff. There will be a library, sitting room, and recreation rooms, with a good gymnasium in the basement, which we hope will add much to the pleasure and health of the nurses. Mr. Long's kindness is much appreciated by the Board of the hospital. Preparations are being made for the building of a new wing at the G. and M. Hospital. The old women's public ward is quite inadequate for the needs of the patients, and is to be done away with and a modern pavilion put up in its stead. The Hospital Trustees hope to have it ready for occupation before next winter. Miss Sara Dawson, Graduate Montreal General Hospital, is convalescing at the G. and M. Hospital, after a critical operation.

An X-Ray machine—the gift of Dr. Donald McKay of the Medical Staff—and an electric coil machine—the gift of Dr. Drummond of Meaford—have been installed in the G. and M. Hospital, Collingwood.

THE HEATHER CLUB.

The Annual Meeting of the Heather Club, now the Heather Chapter of the Independent Order of the Daughters of the Empire, was held on the evening of Tuesday, February 18th, 1913, at the Residence, Hospital for Sick Children, Toronto. The President, Mrs. Clutterbuck, occupied the chair until after the election of officers, which resulted as follows:—Regent, Mrs. H. E. Clutterbuck; First Vice-Regent, Miss L. L. Rogers; Second Vice-Regent, Miss Ewing; Recording Secretary, Miss Hill; Corresponding Secretary, Miss Maude Barnardo, 608 Church street; Treasurer, Mrs. Canniff, Northern Apartments, Yonge street; Directors—Miss Brent, Mrs. Blackburn, Miss E. J. Jamieson, Miss Fellowes, Mrs. Fullerton, Mrs. Porter, Mrs. Elliott. Miss Charters was appointed Standard Bearer, and Miss Mabel Bernard, Echo Secretary.

Mrs. Clutterbuck then asked Dr. J. H. Elliott to take the chair. Dr. Elliott, in his opening remarks, outlined the growth of the Heather Club and expressed the gratitude of the members for the encouragement given by the I. O. D. E., especially the Regent, Mrs. A. E. Gooderham, whose generosity had provided the Preventorium, so making possible the care of the children during the whole year. The children cared for at the Heather Club Pavilion during the summer made most satisfactory progress, but the Club felt that the gain during the summer was lost in many cases when the children had to return to their homes for the winter. This is now no longer necessary, and the hearts of the Heather Club are glad.

After the reports of the President, Secretary, Treasurer and Visit-

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Heat the Biscuit in the oven a few moments to restore crispness; then pour hot milk over it, adding a little cream; salt or sweeten to suit the taste. It is deliciously nourishing and wholesome for any meal with stewed prunes, baked apples, sliced bananas, preserved peaches or other fruits.

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ing Nurse had been received, Dr. Elliott called up Rev. Mr. Southam, Rector of All Saints' Church, Toronto, to give the address. Mr. Southam took for his topic—"Co-operation"—and expressed the pleasure it gave him to note the number of organizations with which the Heather Club co-operated, so that greater benefit accrued to the children under its care. Mr. Southam suggested that some interest might be aroused and result in good work if some of the members of the Heather Club would visit the Mothers' Meetings in the churches and tell of the work. The speaker very graciously offered his assistance, if the Nurses approved his suggestion, in opening the Mothers' Meetings in All Saints' to the Nurses.

Dr. Harold Parsons followed in a brief address on the work of the Club, and the encouragement to all the workers that the future development of the work was made possible by the possession of a Preventorium. Dr. Parsons made very clear the need of such an institution by showing that children infected with tuberculosis, but in whom the disease was latent, had great need of being protected from the so-called children's diseases if they were to be saved.

Dr. Porter proposed a vote of thanks to Colonel and Mrs. A. E. Gooderham for their generosity in presenting the Preventorium to the Heather Chapter. This was carried unanimously by a standing vote. Colonel Gooderham spoke briefly of the pleasure it gave Mrs. Gooderham and himself to thus help this worthy work, after which this very interesting meeting was brought to a close.

BIRTHS.

Brunet—In August, at Ottawa, to Dr. and Mrs. Brunet, a son. Mrs. Brunet is a graduate of Ottawa General Hospital.

Hull—In August, at Ottawa, to Mr. and Mrs. Wm. Hull, a daughter. Mrs. Hull is a graduate of Ottawa General Hospital.

Hogan—In February, at Fitzhugh, Alberta, to Mr. and Mrs. S. D. Hogan, a son. Mrs. Hogan is a Graduate of O. G. H., Class '07.

MARRIAGE

Fisher-Henderson—At Vancouver, in December, 1912, Miss Sadie Henderson, Graduate of Lady Stanley Institute, Ottawa, to Dr. Alexander Fisher, of Calgary.

DEATH.

Rogers—In Montreal, suddenly on March 7th, 1913, at the residence of McAdam Watson, 198 George E. Cartier Square, Kathleen Roslyn Rogers, infant daughter of Edgar and May Watson Rogers.

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THE CANADIAN NURSE

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ARMY NURSING*

By Nursing Sister Miss M. MacDonald, P.A.M.C.

Mr. President and members of the Association of Officers of the Medical Services of Canada: In the first place, may I be permitted to say, on behalf of the Nursing Sisters, how much we all appreciate the honor that has been shown us by the Association in extending to us the privilege of reading a paper on this occasion. We consider it a recognition, on your part, of the growing importance of the work in which we are engaged, and I should like to express the hope that much good may accrue to the Nursing Service as a result of the deliberations of this meeting.

I gladly take advantage of the opportunity presented to make some observations in regard to our Reserve of Sisters, and to point out what really seems absolutely necessary if this Corps is to reach the point of efficiency we are all anxious to see it attain.

Now, as there is evident at the present day a marked increase in the strength and efficiency of the Permanent and Active Militia Force as well as a notable development of new corps it behooves us to see that we are not overlooked nor left behind in this progressive march. The need of Nursing Sisters has in recent years been so widely and frequently demonstrated, that it is unnecessary for me to dwell on that particular point. The leading countries of the world have recognized this necessity, and have well organized Corps of Army Nurses, whilst the Red Cross Associations of England, Germany, the United States and Japan command the admiration of all.

The greatest and most pressing need at the present moment is an increase in our Reserve. This Corps now numbers less than thirty members who, in order to overcome the differences existing between civilian and military methods, and become familiar with Army Regulations, are given the opportunity of taking the four weeks' course provided by the School of Military Instruction at Halifax.

Under the existing regime, six of these ladies are received there twice yearly, in the months of May and September, thus qualifying at the rate of twelve per annum. The system is good as far as it

*Read before the Association of Officers of the Medical Services of Canada, Ottawa, 26th February, 1913.

goes, but it does not go far enough, nor does it go fast enough. At the above rate it will take from twenty to thirty years to qualify anything like an adequate number, by which time charter members would be eligible for retirement, so that the Corps would never be up to "fighting strength," and, in the event of a national emergency, our small establishment would be a mere drop in the bucket.

To this you will say, and quite rightly, that at such a time there would be scores of volunteers. You may not realize, what I have from personal experience, that a large proportion of this class are undesirables, who volunteer their services with every intention of giving little or nothing, and accepting free transportation and whatever other novelty the occasion presents. It will doubtless be argued that under present conditions, and with, possibly, a lack of funds, arrangements for the attendance of larger classes at the School of Military Instruction are not feasible.

The solution of this is a plan which is not original with me—it dates back to Mahomet—bring the Classes to the Nurses. The appointment of a qualified Instructor whose duties would be to recruit Nurses and organize classes in the various cities where the necessary Military Instruction could be given, thus making qualification possible to desirable candidates, many of whom, holding permanent civil appointments, are naturally disinclined to give these up, as is sometimes necessitated by attendance at the School of Instruction at Halifax. This method is not without precendent in other branches of the Service.

Then there is the great advantage which the appointment of Nursing Sisters to the annual Camp offers. You must all acknowledge that there is a vast difference between the methods of work in Civil and Field hospitals. The importance of this point cannot be too strongly urged nor too frequently mentioned.

What I particularly wish to bring to your notice is the disadvantage under which the earnest worker labors when she is called to active service. Her lack of familiarity with camp life and its varying conditions, her ignorance of the methods of procedure in all military matters is distressing, to say the least. It is true that, sooner or later, one acquires a thorough working knowledge of the sources from which supplies are obtainable, how, when and where to approach the guardians of these supplies, but this is gained at the expense of valuable time, which, under trying circumstances, might be much better applied.

To me, the "proper channels" were long a mystery, and the improper ones frequently led me into the most unexpected and embarassing predicaments. A friend of mine wittily expressed her introduction to a Field Hospital: "I was met by the Alphabet in the form of capital letters, 'P.M.O., O.C., M.O., S.M.O., O.M.O.,' and these," she added, "spelled nothing to me."

The military nurse to-day is a specialist in her profession to practically the same extent as are Public Health experts. The general medical practitioner is scarcely qualified to take charge of a military camp, where nowadays this work is done by men who are not only medical officers in good standing, but qualified health and sanitary experts as well. In the same way the nurse in civil practice who has not had military training is not in a position, nor can she be expected, to adequately deal with field problems. Only after careful instruction can one be prepared to meet with confidence and satisfaction, not only the routine work, but especially the many and complex conditions that arise on active service.

One of the most striking features in connection with the outbreak of the present war between the Balkan States and Turkey was the inadequacy of the Nursing Staff. While the Bulgarians, with some of the best officers Europe could furnish, with the best guns that were purchasable, and while their plan of campaign was almost perfect, carrying them from one victory to another, still, their organization broke down when it came to nursing the sick and wounded. They had no reserve of Army Nurses and, though many civil nurses were available and many noble-hearted women gave their services, yet conditions were so different in the field, the results so disappointing and disastrous, that the offer of assistance from the German Red Cross Association was at once heartily welcomed and accepted.

The number of nurses of the C.A.M.C. Reserve at present in possession of any special training in this line is exceedingly small, and the number should be increased at the earliest possible moment. The prospect of nursing soldiers in time of war, with the possibility of foreign service, is one that will always have a great attraction for nurses, and there is not the least doubt in my mind that it would be very easy to increase the Corps to an organization numbering three hundred and extending from the Atlantic to the Pacific.

The first step toward the accomplishment of this end would be to take the Nursing world and, more particularly, the heads of the profession into confidence, and with co-operation there could be formed a corps of Nurses that would be available and prepared to meet any imminent national crisis.

But while at the present moment no war clouds darken our horizon, and the Angel of Peace hovers over the Empire, and while we all hope that such a state may long obtain, still we wish to feel that if War, with its attendant horrors, should ever come, the Nursing Reserve will be able to take its place in the great fight, will always be found ready for every duty, equipped for every work and equal to every emergency.

SIMPLE MEANS FOR THE PREVENTION OF PURULENT OPHTHALMIA IN INFANTS.

Prophylactic measures in the care of the eyes of the new-born, which is so important a part of the nurse's duty in obstetrics, are considered in minute detail in an article by Dr. Mark D. Stevenson in the Journal of the American Medical Association.

This paper was read in the section on Ophthalmology of the American Medical Association at the sixty-second annual session, held at Los Angeles in June, 1911. In the portion of the paper devoted to prophylactic measures following laobur, Dr. Stevenson says that on the completion of labour the child's eyes should always receive consideration and attention, as a large proportion of cases of ophthalmia neonatorum—Nance claims two-thirds—are not due to gonococcus, but to other pathogenic organisms, likely to be occasionally present in any woman's vaginal discharges. When the mother has leucorrhœa, especially gonorrhœa, as easily determined by the microscope as a chemical examination of the urine can be made, considering not only the great danger of the child becoming partially or totally blind, but also the various metastatic conditions (McKee, Stieren, Bull) possible and the increased infant mortality, it is certainly a sanitary crime not to use preventive measures. Pregnant women should be instructed to perform daily external cleansing with soap and water and a clean wash cloth, and if irritating or profuse white discharge is present, to consult their physicians.

Method.—After labour is completed, and the child removed from the mother, with clean hands and gauze, preferably dry absorbent, the child's face around the eyes and nose should be first wiped clean, wiping in a direction away from the eyes. Its eyelids, which should not be opened during this process, should likewise be carefully cleaned. (This does not sterilize the part of the face around the eyes, which is practically impossible, especially with any unirritating safe strength of antiseptic solution.) Next, the lids should be separated and, if there is no pus in the eyesac from an already established inflammation requiring treatment, one or two drops of 1 per cent. silver nitrate solution should be dropped between the outer ends of the lids. This amount and strength of silver nitrate does not require special neutralization, so that instillation of salt solutions is not necessary. Washing or cleaning the eyes with any solution, before or after using the silver, is not recommended, as it is likely to injure the epithelium on the cornea, and may wash infectious material from the partially cleaned face into the eye, or from one eye into the other. The slightest injury to the cornea, easily avoided, may be followed by corneal ulcer and loss of vision or eye-ball.

The lips and nose should be wiped free of mucus, and the little finger, wrapped with a piece of gauze, should be passed into the child's

mouth and any accumulated mucus removed by an outward sweep of the finger. To help prevent subsequent infections from the nose, I advise dropping one drop, not more, of 1 per cent. silver nitrate solution into each nostril. The general toilet of the face and body may then receive attention. If there is considerable swelling or reaction after the use of the silver solution, light cloths wrung out of cold water may be applied for fifteen minutes or one-half hour, but are not often necessary. Harmless bleeding occurs rarely and usually is probably due to unnecessary roughness in separating the lids.

If there is delay in labour after delivery of the head, some authorities advise immediate attention to the infant's eyes before delivering the body. Very rarely this might be advisable, especially if the eyelids become separated, but usually would not be good practice, as the accoucheur's and nurse's hands are not properly prepared to treat the eyes and might only infect them. The eyes would also be exposed to subsequent infections during labour.

After-care.—In subsequent cleaning the child's eyelids and around the face and eyes, the nurse or attendant should be instructed to destroy all wipes, and not to use any cloths or solutions dirtied with the mother's discharges or that had been used previously cleaning any part of the child. They should always be instructed to inform the physician—and are compelled to do so under penalty of the law in many States—of any marked or continued discharge from or redness of the infant's eyes, especially if the lids become swollen or gummed together. Although by the use of prophylactic measures the severe and dangerous ophthalmias are almost entirely prevented, it should be understood that, for the first day or two, slight discharge and redness, due to the irritation of the solutions used, are not uncommon occurring approximately in 10 per cent. of the cases. This silver irritation quickly disappears, requiring only cleanliness and prevention of the lids gumming together. A few cold applications may be helpful. Repeated instillations of silver salts are not only unnecessary, but likely to prove harmful.

The eyelids are nearly always closed during labour, so that on opening the lids whatever germs gain entrance into the eyesac are probably from the eyelashes, or on or near the margin of the lids. Therefore, a drop or two of the silver solution placed in the outer portion of the eyesac, and swept across the eye by the closing of the lids, nearly always reaches all the germs present. It is quite different after inflammation is established and the germs have gained entrance, not only to the upper and lower folds of the sac, but into the recesses of the glands. It is not only necessary that prophylactic measures be used, and properly used, with attention to detail, but that continual care be exercised that the eyes do not become infected later. . . .—*Nurses' Journal of the Pacific Coast.*

A REVIEW LESSON IN BACTERIOLOGY

By A. A. Kennedy, Brandon, Manitoba.

Trained Nurses everywhere nowadays are conversant with the modern methods of disinfection and antisepsis, and of surgical technic. The absolute need of keeping these practical branches at our finger tips has resulted, to many of us who long since finished training, in a lack of detail of the earlier chapters of bacteriology. A synopsis of the history of this, to the nurse, all important subject may prove interesting as it recalls and probably fixes in the mind the worthy achievements of men whose names mankind rightly honor.

The earliest recorded germ-theory we have dates from 1713, when a German, Kircher by name, claimed blood-corpuscles to be worms or living organisms, the activities of which were in some way associated with disease and decomposition. In 1775, Leeuwenhoeck of Holland, whose art was that of polishing lenses, produced a microscope whereby he saw and described various bacteria, (then called organisms), thus really beginning bacteriology. A mass of facts regarding these minute living organisms gradually accumulated, and various theories as to the connection of these organisms with disease were advanced, but observation was handicapped by the inefficiency of their microscopes. With increased facilities from time to time, attempts were made at a classification of facts and theories, and with this work is associated the names of Hoffman and Miller, but progress was slow for very many years. However, the supposition that the existence of disease was somewhat dependent upon germ life was apparently confirmed by scientific observations.

A marked advance was made in bacteriology when in 1843, Oliver Wendell Holmes expounded his belief in the transmission of infection, and published a paper on "Puerperal Sepsis," treating of its prophylaxis. This was a remarkable anticipation of our modern practical antisepsis. Independently of this theory of Oliver Wendell Holmes, Semmelweis in 1847, observed that puerperal fever was much more prevelant when the students came directly from an autopsy to the obstetric ward, and he required a definite wash of chlorine-water to be used for the hands. This practice was found to greatly reduce the, then high, mortality of obstetrical patients in hospitals.

About this time Pasteur experimented extensively on fermentation and putrefaction. His demonstrations were faultless and he showed that the fermentation of milk, wines, etc., was wholly dependent upon the entrance and activity of micro-organisms, and he explained a relationship between certain of these organisms and certain diseases. In 1857, an accurate germ-theory was presented by him. Lister readily accepted Pasteur's theory and adapted it to the treatment of wounds,

believing that as the germs from without produced fermentation in milk, etc., so also the germs from without were the cause of suppuration. He initiated exclusory precautions, the success of which in the treatment of wounds is most salutary, and the practice of which alone makes major surgery possible. With asepsis as the ideal condition to be attained, Lord Lister immediately endeavored to find or produce suitable antiseptic agents. In this he had material success, and the present day practical antisepsis is but applied Listerism with minor revisions and unlimited additions.

The specific germ of certain diseases now began to receive close study, and in 1763, Davaine, through his experiments on the bacterial nature of anthrax, gave us the basis of our knowledge of contagion. Then followed Koch to whom we owe so much. In 1880 he perfected his invaluable work on culture media, and in 1882, he discovered the bacillus tuberculosis, and worked extensively on this subject. Koch's name must ever be remembered in connection with our knowledge of tuberculosis. Previous to this he observed the typhoid bacillus, but Eberth in 1880, was the real discoverer.

So early as 1885, Pasteur suggested an antitoxin for hydrophobia, results from experiments of which were but vague and unsatisfactory. In 1890, Koch gave us tuberculin, a fluid of doubtful quality. These facts, however, place the names of these two men among the pioneers of the present serum-therapy, the open field of modern medical scientists.

SOME OBSERVATIONS ON FOREIGN NURSING AND SUGGESTIONS TO THE GRADUATE NURSE.

By Edward F. Stevens,
Hospital Architect, Boston and Toronto.

While making a comprehensive study of the hospitals of Europe, I devoted no little time to the study of the trained nurse—how she was housed, how she was treated, and how she treated those with whom she came in contact.

As an American, if I were to be treated in a hospital, I should prefer to have an American nurse to a German or Holland nurse. By this I do not mean to say that European hospitals and nurses give less care to the sick, but we get accustomed to certain ways of having things done by our own folks, and we like these ways better. So much, however, depends on the individual nurse in any case in any country.

One of the first hospitals I visited was in Holland, at Utrecht. Here the nurses were given an excellent training and were supplied with a very comfortable home, or Sister House, as it is called in Holland

and Germany. There the young woman in training, after one or two years, is called a nurse; after her three year course is completed she is called a sister, and is given charge of a ward, although this does not imply that she is a "Sister of charity," as we know sisters here; for in the northern hospitals of Holland and Germany there are comparatively few Catholic nurses, while in Southern Germany, Italy, and France, the greater part of the nurses are Catholic Sisters. The course at Utrecht is three years, with an additional year for obstetrics.

In Germany in the large hospitals the nurses seem to be older and, I understand, are trained outside the hospital—or at least many hospitals have no training school. Then, too, there are more male nurses for the men than will be found in our American hospitals.

There is one thing, however, which we can learn from the sisters of Europe, and this is almost universal cheerfulness. There is always a cheerful "Guten morgen" when you go in, and an "Adieu," when you go out, and always a smile and some pleasant comment, which we could not always understand, to be sure.

In Hamburg, I recall very pleasantly going through the Bethany Hospital, which is conducted by the German Deaconess' Association, and the cordial greeting we received everywhere from the nurses of the hospital. We were introduced as Americans, and were shown every courtesy by them. The sweet spirit which they showed to each other and to the patients, and the care they took that their sleeping patients should not be disturbed or troubled, their courtesy and respect for their superiors, might well be emulated by all American nurses. Do you realize how much sunshine you can bring into a sick room, on your face, if you only have it in your heart?

I contend that good air, good food, and good nursing (by which I mean good and cheerful nursing), are nine-tenths of the battle,—yes, I would almost say ninety-nine one-hundredths of the battle for health, so that I am putting a very high standard for you to live up to. But while I have given my opinion that cheerful nursing is so large a factor, judicious nursing and the carrying out of the orders of the attending physician are of the first and greatest importance; and while you may not prescribe for a patient, there are two ways of carrying out these orders. What I mean is that the health of the patient depends very largely on the way in which these orders are carried out—whether with cheerfulness and personality, or the mere mechanical working of a machine. While punctuality and accuracy are always to be maintained, one does not need to act as a machine.

You will be called to go into the homes of the rich and the poor alike, and the influence which you can exert upon the entire family in right hygienic living is not to be overlooked. You should use your influence to have, not only your patient, but the whole family observe

the laws of hygiene. You should endeavor to have the sleeping room flooded with fresh air. You should encourage (in the proper climate) the sleeping in the open air, for if this practice were followed, and if more of our anemics could be brought to sleep and live in the open air, there would be less use for internal medicine.

Just here let me put in a little advice to the possible home-maker or one who may have some influence over the building of homes. Whatever other rooms you may plan for, do not forget the "Garden Room," as it is called in Holland, or the out-door living-room. This room should be large enough, not only for sitting, but the serving of the daily meals, and for sleeping at night; for with screens as protection from the insect pests, you have no idea of the comfort and health this will bring the household.

It may be that you will go to other institutions and to higher positions of responsibility. It is said that every American boy should have the ambition to become the President of the United States, so every trained nurse should have the ambition to reach the top of her profession and to be the BEST, and your calling will doubtless lead you to positions where your advice will be sought in the planning of new institutions, for it is generally the superintendent who has most to say in the planning of our institutions.

However small the hospital or ward you may have in mind, let these principles be your guiding star: (a) to give the PATIENT the best light, the best air, the most sunshine; (b) to plan for easiest access to the green grass of the fields; (c) to make provision for getting the food to the patient, hot, fresh, and palatable. While the operating department, the kitchens, and the toilets are very important and demand much careful study, the care and comfort of your patient is of foremost importance.

You may be called, as some of your mothers or grandmothers may have been, to nurse the soldier on the field of battle, but God forbid that it should be in our fair land. Here bravery and skill must go hand in hand. Here, without the conveniences of the hospital, you must meet every difficulty and be ready for any emergency. How many of our dear ones might have come back from the battlefield had our surgeons, to say nothing about the nurses, known the laws of hygiene and antisepsis which you have been taught!

My closing advice to you is: Wherever you go on your mission of mercy, whether in the home, the hospital, or on the field of battle, go with a determination to do your best, to bring sunshine into the sick room and to help every one with whom you come in contact.

EXAMINATION PAPERS

The following examination papers, kindly sent us by the Superintendent, were prepared for the Graduating Class, 1913, of Jeffery Hale's Hospital, Quebec.

Medicine.

1. Mention the more common symptoms met with in the commencement of a case of Typhoid Fever.

2. How would you feed, and what means would you take to relieve an **acute** attack of Indigestion?

3. Enumerate the different means of reducing Fever.

4. What does the throat look like in a severe case of Diphtheria?

5. What means would you take to relieve a woman suffering from an "Epileptic Fit?"

6. Describe the rash of Scarlet Fever. On what parts of the body does it first appear?

7. A child having swallowed a tack, what treatment would you resort to?

8. Differentiate between Subjective and Objective Symptoms.

9. Describe briefly what is meant by the following: (a) Antitoxine; (b) Phlebitis; (c) Varicose Veins; (d) Tympanitis; (e) Dyspnoea.

10. What are the symptoms of Pneumonia? Mention two common complications.

11. Case of poisoning by Carbolic Acid—what would you do if no doctor was at hand?

12. What are the different points to be noticed when taking the pulse?

13. What is Jaundice? Of what is it a symptom?

14. What precautions should be observed when using the Clinical Thermometer?

15. Describe one of the more common tests for Albumin in urine.

N.B.—Any ten questions to be answered.

Surgery and Anatomy

1. What is Empyema? State what you know about the operation for same.

2. If a needle were passed into the umbilicus and through it to the back, what structures would it traverse?

3. Define: (a) Simple; (b) Double; (c) Compound; (d) Complex; (e) Comminuted Fractures.

4. Where is the Brachial Artery?

5. What is inguinal Hernia?

6. Mention the bones which form the pelvis.

7. Describe the Hip Joint.

8. Classify Burns. Which cases are most likely to suffer from shock?

9. Describe: (a) Abscess (acute); (b) Abscess (chronic); (c) Ulcer; (d) Gangrene; (e) Fluctuation.

10. How would you prepare for dressing Cervix Uteri?

11. Where is the Oesophagus; Trachea; Ureters; Pancreatic duct; Uterus?

12. Name the bones and main arteries of the lower extremity.

13. Describe Portal Circulation.

14. What do you understand by Sim's position; Lithotony position; Genu-pectoral position?

15. What muscles enter into the Anterior Abdominal Wall?

N. B.—Answer any ten questions.

VANCOUVER GRADUATE NURSES' ASSOCIATION

The first annual meeting of the Graduate Nurses' Association of British Columbia, will be held in the Board of Trade Rooms, Vancouver, B.C., June 13th and 14th, 1913. The following is the programme:

FRIDAY, JUNE 13TH, 10.30 A.M.

Invocation, Rev. C. C. Owen.

President's Address, Miss Wright.

See-Treas'. Report, Miss E. Breeze.

New Business.

Election of Officers.

2 P.M.

Address of Welcome on behalf of Nurses, Miss E. Trew, Pres. V.G.N.A.

Reply, Miss McDonald, Supt. Royal Jubilee Hospital, Victoria, B.C.

Paper, "The Educational requirements for admission to Registration," Miss Scott, Supt. Royal Columbian Hospital, New Westminster, British Columbia.

Discussion, led by Miss Randall, Supt. Vancouver General Hospital.

Paper, "The Tubercular Situation in Vancouver," Miss Gillis.

Discussion, led by Miss Patten, Supt. Royal Inland Hospital, Kamloops, B.C.

SATURDAY, JUNE, 14TH, 10.30 A.M.

Paper, Miss Norcross, Victoria, B.C.

Discussion

Paper, "Social Service Work," Miss W. G. MacLeod, Vancouver, British Columbia.

Discussion, led by Miss Bone, Vancouver, B.C.

Enrollment of New Members.

Adjournment.

ANNUAL CONVENTION, ALBERTA.

The first Annual Convention of the Alberta Association of Graduate Nurses, was held in the Assembly Room of the Public Library, Calgary, on Tuesday, April 8th, 1913. Morning Session 9.30 a.m. Afternoon Session 2 p.m.

The morning Session was taken up with the members getting acquainted with each other. The nominating committee was appointed. Mrs. R. W. R. Armstrong read a paper on "A Surgical Case from a Nurse's Standpoint," which was very interesting, and gave many excellent ideas which should prove of much value to nurses in their work.

At the Afternoon Session, Dr. Pirie, of Calgary, gave a very interesting and instructive paper on "Summer Diarrhoea in Children."

Mrs. Manson, of Edmonton, read a paper on "Registration," which called forth a good deal of discussion. It was left to the Legislative Committee to draft a bill for Registration, to be presented to the Legislature next session.

The following officers were appointed for the ensuing year:

President—Mrs. R. W. R. Armstrong, Edmonton.

First Vice-President—Miss McPhedran, Calgary.

Second Vice-President—Miss Kingston, Red Deer.

Treasurer—Miss Agnes Hurcomb, Calgary.

Recording Secretary—Mrs. A. Fisher, Calgary.

Corresponding Secretary—Mrs. Manson, Edmonton.

Miss Bufton, Mrs. Campbell, Mrs. Armstrong and Mrs. Manson of Edmonton, attended the Annual Meeting of the Alberta Association of Graduate Nurses held in Calgary, on April 8th.

Miss A. L. Bufton, who has taken charge of the Registry, gave a tea for the nurses. About fifty nurses enjoyed the social hour together.

MISS MARY ARD MACKENZIE, R.N.

Miss Mary Ard Mackenzie, R.N., who has been Chief Superintendent of the Victorian Order of Nurses of Canada since March, 1908, was born and educated in Toronto. She graduated with honors in Modern Languages, from Toronto University in 1892. She is also

a graduate of the Ontario School of Pedagogy, Specialist standing, 1893.

Miss Mackenzie began her career as Teacher of Modern Languages in Bowmanville, Ontario, High School, where she taught for four years —1893 to 1897.

In 1898 she was Principal of the Church School, Sherbrooke, Quebec.

Miss Mackenzie then turned her attention to the study of nursing, and graduated from the Massachusetts General Hospital, Boston, and

Miss Mary Ard Mackenzie, R.N.

Sloane Maternity Hospital, New York, in 1901; and is an R.N. of New York, 1904. Since her graduation she has held the following positions: Head Nurse in Massachusetts General Hospital; Superintendent Vincent Memorial Hospital and Training School; Superintendent Margaret Pilsburg General Hospital and Training School; Superintendent Brooklyn General Hospital Training School; Private Nursing, District Nursing and Small-pox Nursing in Washington, D.C., and District Nursing in Chicago.

Miss Mackenzie at present holds the important position of Chief Superintendent of the Victorian Order of Nurses of Canada.

AN ACT RESPECTING "THE MANITOBA ASSOCIATION OF GRADUATE NURSES."

Whereas the profession of nursing the sick is extensively practised in the Province of Manitoba, and it is expedient for the protection of the public that a certain standard of qualifications should be required of each practitioner of the said profession, and a certain measure of protection should be afforded to such practitioner possessing the said qualifications; and whereas Frederica Wilson, Kate A. Cotter, C. M. Bowman, J. T. Ramsay, Ida M. Hill, Elizabeth Moody, Clara M. Hood, Annie S. Rathbone, Ida K. Bradshaw, E. Birtles, E. Beveridge and Bertha Andrews, together with other persons possessing the qualifications necessary for the practice of the said profession, have formed themselves into an association known as "The Manitoba Association of Graduate Nurses," and have by their petition prayed that they may be incorporated for the more effectual carrying out of the aims and objects of the said association, with the powers hereinafter provided, and it is expedient to grant the prayer of the said petition;

Therefore His Majesty, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

1. Frederica Wilson, Kate A. Cotter, C. M. Bowman, J. T. Ramsay, Ida M. Hill, Elizabeth Moody, Clara M. Hood, Annie S. Rathbone, Ida K. Bradshaw, E. Birtles, E Beveridge and Bertha Andrews, and such other persons as are now or may hereafter become members of the said association, are hereby constituted a body corporate and politic, in law and in fact, under the name of "The Manitoba Association of Graduate Nurses," and by that name may sue and be sued, plead and be impleaded, in all courts and places whatsoever. The said association shall have perpetual succession and a common seal, and shall have power from time to time to renew, alter or break the said seal.

2. The said association shall have power to acquire and hold real estate, not exceeding at any time an annual value of five thousand dollars, and to alienate, exchange, mortgage, lease or otherwise charge or dispose of the same or any part thereof as occasion may require; and all fees, fines and penalties receivable or recoverable under this Act shall belong to and be the property of the association.

3. The said association may pass by-laws not inconsistent with this Act for—

(a) The government and discipline of its members;

(b) The management of its property;

(c) The registration and admission of members;

(d) For all such purposes as may be necessary for the management and working of the association.

4. The affairs of the association shall be under the management of a board of managers, composed of twelve members, each of whom must be a member in good standing of the association. The said board shall be elected annually, at a meeting of the members called for that purpose, or at the annual meeting of the members of the association, or in such manner as the by-laws of the association may provide. The election of the said board and all other questions voted on at a meeting of the members of the association, shall be decided by a plurality of the votes of the members present in person, or in such other manner as may be provided by by-law, each member in good standing being

entitled to one vote. The said board of managers shall remain in office for the period or periods fixed by the by-laws of the association, and shall continue in office until their successors are appointed. If a member of the said board of managers resign, or should any vacancy or vacancies occur by the death of any member or members, or otherwise, the remaining member or members of the said board shall have power to fill the vacancy or vacancies by the election of a duly qualified member of the association, who shall act until the next annual meeting of the association.

5. The persons named in the first section hereof shall constitute the first board of managers, and they shall hold office until their successors are appointed in accordance with this Act or the by-laws of the association.

6. The board of managers shall have power to make by-laws, rules and regulations not contrary to law or the provisions of this Act, with power to amend, repeal and re-enact the same, for all purposes relating or bearing on the affairs, business and property of the association, its management, government, aims, objects and interests; the issue of registration certificates; the appointment, functions, duties and removals of all officers or servants of the association, their remuneration; the time at which and place where the annual meetings of the association shall be held; the fixing of the amount of the annual and admission fee and the collecting thereof; the suspension and expulsion of members; the examination of applicants for registration and the conduct in all particulars of the affairs of the association; but every such by-law and every repeal, amendment and re-enactment thereof, unless in the meantime confirmed at a general meeting of the association duly called for that purpose, shall only have force until the next annual meeting, and in default of confirmation thereat shall at and from that time only cease to have force.

7. All persons who have been for at least one year previous to the coming into force of this Act practising the said profession in Manitoba shall be entitled to be registered upon producing evidence satisfactory to the Registrar of the University of Manitoba, of their having so practised; but no person shall be registered under the provisions of this section after the first day of July, 1916.

8. Except as hereinafter provided, any person, resident of the Province of Manitoba, being over the age of twenty-one years, and of good moral character, holding a diploma from a training school for nurses connected with a recognized hospital giving a course of training as provided in section 8 of this Act, shall be entitled, upon the production of such diploma, to be registered under this Act.

9. Except as hereinbefore provided no person shall be entitled to be registered after the coming into force of this Act unless he or she shall have followed a regular course of training in the following branches of the profession:

Female Nurses.

(a) Medical nursing, including materia medica;

(b) Surgical nursing, including operative technique and gynaecological nursing;

(c) Obstetrical nursing (at least seven cases);

(d) Diseases of children;

(e) Contagious diseases;

(f) Dietetics.

Male Nurses.

(a) Medical nursing, including materia medica;

(b) Surgical nursing, including operative technique;

(c) Genito-urinary diseases;

(d) Diseases of children;

(e) Contagious diseases;

(f) Dietetics.

Such training to be for at least three years within a recognized hospital having a daily average of five patients, where there may be a complete course of training, or in any hospital maintaining a training school but with less than an average of five patients daily, provided that such hospital is affiliated with a larger hospital where the course of training hereinbefore provided may be completed; provided, however, that any nursing done or training received outside the hospital, if done or received under supervision of a registered nurse or qualified Practitioner, shall be deemed to be training received within the hospital.

10. All examinations and matters pertaining thereto under this Act shall be determined and conducted by and under the direction of the council of the University of Manitoba, who shall appoint the examiners therefor.

11. Every person registered under this Act shall be known as a registered nurse, and any person not being registered under this Act assuming such title, or using the abbreviation "Reg. N.," or in any manner representing that he or she is a registered nurse, or by false or fraudulent declaration attempting to procure registration under this Act, shall be liable, upon summary conviction before a police magistrate or justice of the peace, to a fine of twenty-five dollars, and, in default of payment, to imprisonment for a period not exceeding six months.

12. This Act shall come into force on the day it is assented to.

ANNUAL MEETING

The Annual Meeting of the Manitoba Graduate Nurses' Association was held in the Nurses' Residence of the Winnipeg General Hospital on Tuesday, March 25th, at 4 p.m. After the regular business, the election of officers took place and resulted as follows: President, Miss Cotter (acclamation); First Vice-President, Miss Bowman;

Second Vice-President, Miss Starr; Secretary, Mrs. Willard Hill (re-elected); Treasurer, Mrs. Skaife; Conveners of Committees—Sick Visiting, Miss Champion; Social, Miss Gould; Lookout, Miss Meehan; Press, Miss Bertha Andrews.

During the year the sick members of the Association had been visited and remembered with flowers which were greatly appreciated. The Social Committee was called upon to serve tea twice. The Lookout Committee was most active in securing new members, and the Legislation Committee was successful in securing legislation.

The Association has also voted $12.50 for Mission Work, which is a new venture on its part.

A very hearty vote of thanks was tendered the retiring officers for their good work during the year. Tea was then served, through the kindness of the Hospital Authorities, and the year was closed with a most enjoyable social hour.

HINTS FROM A CORRESPONDENT.

Fall River, Mass., reports the highest death rate among infants! Employment of mothers in the mills has been shown by investigation to have seemingly made little difference, though various other probable causes exist, which remain to be remedied.

Here is an opportunity for some well-trained French-Canadian nurses to take up pre-natal and baby hygiene work among their countrywomen! Speaking the language and of the people, they would meet a confidence and willingness to adopt new methods which would go unheeded if advised by another.

The manner of administering artificial food to infants, as described in the diary of Mme. Louise Bamglois, the midwife who assisted at the birth of the Dauphin, afterwards Louis XIII., has at this date by no means fallen into disuse. We have seen bread, carefully masticated, given a very little baby in this truly bird-like fashion.

A lady physician, in a recent lecture on "Hygiene for Women," complimented the increasing number of young mothers among the wealthy class who give personal care, as well as intelligent supervision to the rearing of their children. An instance given was that of a former society girl, now the mother of four children, born within seven years. After the departure of the trained nurse, who was in charge for two months after her confinements, she had taken full charge of bathing modification of milk when needed, sterilizing bottles, etc. During these seven years a physician had been called in only at the different births.

No greater proof of the value of work done by district nurses can be shown than the abandonment of plans for an addition to our asylum for the blind. No cases were reported last year.

"The greatest triumph of preventive medicine," is the term applied to typhoid vaccine! Mr. Mark Richardson, lecturing on "Public Health," at Harvard Medical School, asserted that over one hundred persons preparing to go upon long journeys had within the past two years applied for the vaccine and been innoculated as a precautionary measure before leaving home. The wisdom of this procedure should be explained to travellers. The State Board of Health furnishes vaccine free, on application of any physician in Massachusetts.

The State Nurses' Association has prepared an amendment to chapter III. of the State Registration Act, and will ask for the appointment of a woman inspector of training schools for nurses.

PREVENTABLE DEFORMITIES:—The late Congress of Surgeons in New York and the wonderful work shown there, brings out the truth of what an orthopœdic surgeon recently said, "That nearly all deformities can now be prevented if attended early; if they remain it will be the fault of the parent, the child, or the surgeon." Hunch back, bowed legs, or club foot, need no longer attract the attention of a passer-by to the unfortunate one.

A study of X-ray pictures throws much light on various disturbances of digestion and circulation which have been found due to a faulty position. When a person habitually stands or sits with head bent over on the chest, shoulders stooping, body drooping, the large organs are thus pushed out of place, and crowd upon each other with resulting impairment of function.

A correct position standing or sitting means head erect with uplifted chest. When stooping is necessary, bend with the body.

PREPARE FOR PREVENTABLE ACCIDENTS TO THE EXPECTANT MOTHER:

Keep bowels open.

Watch urine carefully; if at all suspicious, have it examined every week.

If disturbed at night, rest during semi-quiet part of the day. Don't lie around, without exercise. Keep active and get out of doors some part of every day.

Don't overwork, lift, or try to move heavy articles, or carry a child upstairs who is able to walk.

Riding in an automobile is a frequent cause of miscarriage; the front seat is said to be less harmful than the rear.

Any disturbance of vision, pain in head, swelling of hands or face, should be reported to the physician without any delay.

Many women over-eat fat-forming foods. Ordinary plain, easily digested food, with plenty of fruit, and little meat in the last month, unless ordered a special diet.

A well-known obstetrician says: "The woman should prepare for labour as an athlete for a contest."

THE LADY OF THE BLUE BELT.

You come white-aproned, capped in white,
The Belt of office round your waist;
You move, a joy to pain-racked sight,
With no apparent sign of haste;
Yet somehow swiftly in your train
Chaos to order neat gives place,
And anxious brows grow smooth again
Before your reassuring face.

For calm and cheerful you distil
Fresh founts of courage everywhere,
And on the shoulders of your skill
We lay the burden of our care.
No longer ours in trembling fear
The reins of Destiny to guide;
No problems now; "The Nurse is here;
The Nurse knows best, let her decide!"

Forgetting nothing, night or day,
Prepared for aught that may arise,
What wondrous patience you display!
What sympathy from gentle eyes!
And you of course no pity need,
Must feel no weariness of limbs;
Yours but the Doctor's word to heed
And suit your patient's thousand whims.

Many for parents, husband, wife
Or child to heights undreamt of soar;
You give the best years of your life
And strength for those unknown before;
It matters not a whit if they
Be rich or poor, be old or young;
The helpless call and you obey
The summons of a stranger's tongue.

And all for what? That you may earn
A pittance bare on which to live?
That you may win the due return
Of grateful friendship that we give?
Nay, but for love that all may claim;
For Love that, counting not the price,
Within your heart has fanned to flame
The fire of true self-sacrifice.

—O. P., in *Nursing Journal of India.*

THE SCHOOL NURSE

The nurses engaged in public health work in Vancouver, have formed an Association, to be known as "The Public Health Nurses' Association." It is composed of the School Nurses, the Social Service Nurses, Tuberculosis Nurses and Victorian Order Nurses. Miss Hall, Local Superintendent of the Victorian Order of Nurses, has been elected President, and Miss McLellan, of the School Nursing Staff, Secretary.

Miss Swan has been appointed School Nurse in Victoria, B.C.

During the month of March the School Nurses in Vancouver made 309 home visits, and were successful in obtaining treatment for 398 cases.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, May 5th, at the Club House, 295 Sherbourne St., Toronto. Owing to the beautiful day the meeting was held on the lawn.

Dr. Struthers, Chief Medical Inspector, addressed the meeting. He spoke of Medical Inspection in its broadest sense, its outlook and possibilities for good, and growth, in those who put the best spirit into the work.

A hearty vote of thanks was tendered Dr. Struthers by the nurses, after which the meeting adjourned.

The history of a recent case will illustrate what takes place many times in the school nurse's visits.

In hunting for a family, the nurse knocked at a door to make enquiries, and was answered by a woman with her throat all wrapped up, hardly able to speak. She said she had a very sore throat, and the baby had the same, but being foreigners and poor she had not sent for a doctor. The nurse reported the history to the head office, which report was sent to Medical Health Office. An officer was depatched to swab the throats—both swabs being positive. Mother and baby were taken to the Isolation Hospital and cared for as they could not have been at home.

"In 1887, Hillscher in Vienna proposed the introduction of dental inspection and work for school children, and in 1894 this was demanded by Ritter before the Association for Internal Medicine, at Berlin. In Germany statistics were gathered, and these were first published in 1890. Already for two years, since 1888, Dr. Jessen at Strassburg, had been treating school children and soldiers gratis. This was the first step from theory to practice. Almost at the same time the dentists of Hanover began, at the suggestion of Kuhns, similar work, and then simultaneously at Strassburg and Darmstadt there were established the first dental infirmaries for school children."—Oral Health.

Miss V. Burnett, who has been on the staff for over two years, has resigned.

Miss Spry, of Toronto General Hospital, is taking Miss Burnett's place.

The General Hospital, Medicine Hat, Alberta.

CORRESPONDENCE

To the Editor, The Canadian Nurse,
Toronto, Ont.

Dear Editor,

A word regarding the editorial, "The Grading of Nurses." I would like to reply to this, and trust you may find space in your May issue for same. The editorial of which I speak appeared in the April number of the Canadian Nurse.

First, let me quote from Miss A. W. Goodrich's paper to which we were referred by you in the above editorial. "The occupational statistics of the United States show that 100,000 women are practising nursing, one out of ten only being hospital trained." This statement must make the thoughtful nurse ask if these 99,000 women who are caring for the sick are needed, and if they are, how did they prepare themselves for this very important work. Many of this great army of women may be measurably fitted by experience, etc., but many more may not be, and it is because of this last fact that some nurses (R.N.'s if you like) desire to either prevent these wholly ignorant women from taking up this important work or else insist on them knowing enough to make them truly responsible for the work undertaken.

We do not allow third class teachers to teach in our universities, neither do we condemn the teaching profession because they grant first, second and third class certificates of grading to teachers.

We can, perhaps, prevent third class nurses doing first class nurses' work (just as the educational department does with its teachers). At least, during this time when we are feeling for the best methods of caring for our sick everywhere, we surely should discuss openly various proposed plans without being, though, untrue to the nursing profession.

To quote again from your editorial, "The cause for which the great nursing body is struggling—a better type of woman, with a higher standard of education, that the sick in hospital and in homes among the rich and poor may have more efficient care, is bound ultimately to succeed." This may be brought about sooner if all true nurses will think, plan and submit suggestions to our conventions and magazines so that the very best may be gathered from all these various ideas, and finally acted upon.

Sincerely,

E. G. FOURNIER, R.N.

Editorial

EVIDENCE OF INTEREST.

The increased interest of the Nurses of Canada in "The Canadian Nurse," as evidenced by over two hundred new subscribers in Western Canada alone, is very encouraging to those upon whom the responsibility and the bulk of the work in connection with the Magazine falls.

Another encouraging note is the fact that some suggestions have been made, which the Directors are particularly glad to consider, for these show a lively concern for the welfare of our Magazine, where we were led to suppose only apathy dwelt.

One suggestion is that we open a "Question and Answer" Department, to enable Graduates to keep up-to-date.

While this has already been tried more than once, we will gladly try again, for the plan should prove helpful, and will, if the nurses will co-operate with the Directors in establishing and carrying on the department.

The other suggestions are receiving serious consideration, and we hope to show by future developments that the greatest good to the whole profession is our aim always.

When comparing our Magazine with "The American Journal of Nursing," there are some points that should be kept in mind: (1) There are at least five times as many nurses in the United States as in Canada; (2) The nurses of the United States have put many thousands of dollars into their Journal, quite apart from their yearly subscriptions.

Let us have more evidence of this lively interest. Suggestions are always helpful. The co-operation of all the nurses of Canada is needed to built up and improve our Magazine. The work is not easy, neither is it soon accomplished, but when each nurse realizes her responsibility to the Magazine, then may we hope to make "The Canadian Nurse" more nearly conform to our ideals.

THE SHORT COURSE SCHOOLS

The increasing number of these schools forces the nursing profession, if it would maintain its standards, to take some means of placing in the hands of young women, who contemplate the study of nursing, information that will enable them to make wise choice of a Training School.

A campaign of publicity, with this object, has been inaugurated by the Graduate Nurses' Association of Ontario.

Nurses will be glad to know that at least one paper in Canada utterly refuses to publish an advertisement from any of these schools.

We refer to The Telegram, Toronto, from which we copy the following editorial:

"NURSING TAUGHT BY MAIL."

"Publicity should undertake the duty that legislation fails to discharge in the work of protecting the innocent against abuses of the corresponding school system.

"The innocent may be roughly divided into two classes—the dupes who pay out their money to be taught nursing by mail, and the victims who officiate as patients for the graduates of correspondence schools of nursing.

"The correspondence school has its uses. The educational facilities of a correspondence school are applicable to the work of preparation for a career in some vocations. The correspondence school, like the cobbler, should stick to its last. The Carnegie report on medical education in America exposes the correspondence school in all the iniquity of its pretence that the science of medicine and surgery could be taught by mail. The Carnegie report aimed its condemnation at the theory that efficient doctors could be graduated from correspondence schools. The same condemnation should overwhelm the correspondence schools which undertake to train and graduate nurses by mail.

"The Medical Council should be able to find statutory power to interview physicians who give their services to correspondence schools which profess to qualify young women for a career as trained nurses. Physicians are under obligation to uphold the honor of a dignified profession. These physicians should explain how a correspondence school can equip its students for careers as trained nurses without the toils of a course of study and the drudgery of an experience in a well-equipped hospital.

"Publicity and legislation should not invade any sphere in which correspondence schools may do useful work and serve a good purpose. The correspondence school may be perverted to the profit of charlatans and become a menace to society, when its immediate activities capture the pennies of young women who imagine they can be taught nursing by mail, and its ultimate activities may endanger the lives of people who accept a diploma from a nursing mill as proof of fitness for the care of the sick. The noble profession of nursing should be as carefully guarded from the ravages of the charlatan as the profession of medicine."

THE TRAINED NURSE.

The following, taken from "The Outlook" for April, gives some idea of what the nurses of New York State are seeking to accomplish by their new Bill:

"The uniformed medical nurse, popularly known as the "trained nurse," has come to be regarded as quite as essential to the welfare of the patient in any serious medical or surgical case as the operating surgeon or the attending physician. The profession of the trained nurse, although a very young one, is a very honorable one. The modern trained nurse requires a high degree of skill and technical education, because great responsibility for the care of operative wounds, or the administering of medicine, or of other procedure in times of emergency, is left in her hands by the attending physician. It is practically only within ten or twenty years that the law has recognized this responsibility and has therefore endeavored to protect both the public and the skilled nurse by practice acts which are comparable to the laws regulating the practice of medicine. The genuine trained nurse is a graduate of a legally organized training school, carried on in connection with a hospital; but the demands of the public have become so great, and the desire of women to enter this fine and useful profession has so increased, that there are many schools not connected with hospitals which profess to train nurses by the use of text-books and theories, sometimes by the use of nothing but correspondence. The best obtainable statistics show that there are about twenty thousand trained nurses practising in the United States who have obtained their preparation in hospitals. It is believed by those who have investigated the matter that from five to ten times as many women are practising as trained nurses who have had no hospital preparation. The various associations of hospital nurses are now endeavoring to have the law definitely recognize the distinction between the adequately trained nurse and the inadequately trained nurse. It has been found that the endeavor to establish this distinction by making it illegal to use the adjective "trained" or the adjective "registered" by any nurse who is not a graduate of a legally established training school is insufficient. In the State of New York, therefore, a bill has been introduced into the Legislature which forbids any man or woman to "hire himself or herself out as a nurse, or to use the term nurse," unless such person shall be a graduate of a training school approved by the Regents of the State of New York. The bill does not prevent others than hospital school graduates from attending sick persons or assisting physicians in the sick-room, but such attendants must call themselves "attendants," and not "nurses." With the object of this bill we are in hearty sympathy. There is a distinct and valuable function which such attendants as are not registered nurses can perform; the schools that are educating them ought to go right on educating them; it would be a misfortune to a great mass of people who need their services if they were prevented from attending the sick; but when a physician or a family are employing what they believe are hospital nurses, there

ought to be some guarantee that they really are hospital nurses. The word nurse, however, is a generic term that for generations has had common use wherever the English language is spoken. We think it is open to question whether an act of the Legislature, howere desirable its object may be, can educate the public by the stroke of a Governor's pen to abandon the generic use and to adopt a specific and technical use in its place."

THE MAJESTY OF DEATH.

This subject received editorial notice in the January, 1910, number of "The Canadian Nurse," but it would seem fitting and necessary to again emphasize the contribution of a valued correspondent in that issue. After speaking of the many improvements which might be made in our hospital mortuaries and public morgues, the writer goes on to say: "We all know how bare and cold such places are and in many cases most gruesome. Surely the body which God created should receive due and proper respect after death as well as before, and should we not try to make the places where the bodies are kept awaiting burial less horrifying to the friends. Nothing unnecessary need be done, but enough to make for respect and reverence."

"Due and proper respect after death as well as before." Yes, surely that is not asking too much. Any nurse who is tempted to accord anything less than this should seriously ask herself, "What action on the part of the nurse would I appreciate if I stood in the place of relative or friend?"

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The Toronto Branch of the Guild of St. Barnabas has held, up to date, six meetings during the year, with an average attendance of ten. Considering the fact that so many of the members are on private duty the attendance was very good. A great interest was shown by those attending.

There are 34 members and associates and four honorary members, total, 38. Of this number, two have resigned, one was married in April, one has gone to Montreal, and Miss Bryce has gone to work in Labrador. Seven members are out of town, leaving now just 21 in town, as the Secretary will be away for a year.

At the annual meeting in June (postponed twice to the 22nd) Rev. J. S. Broughall took the service, as the chaplain was away, and the service in February was held in conjunction with the Lenten service in St. Augustine's Church. Out of the funds on hand in December, the members voted $5.00 towards the Christmas baskets sent out by the Heather Clubs.

A suggestion has been made that some definite work be undertaken to help in the Down-town Social Service work, and it is hoped to start work in the Autumn.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees — Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

Efforts are being made by the Executive to counteract the harm done by Short Course Schools of Nursing by seeking to get into touch with young women who contemplate the study of nursing. As this means a good deal of outlay, the different organizations of the Province are being asked to co-operate in a scheme of advertising, so that the benefit may be as far-reaching as possible, and the expense not be too great for any one Association.

If some information regarding Training Schools for Nurses is given these intending pupils, they will be in a position to choose wisely and not be led to devote time and money to a short course which soon proves of little value.

This matter will be further discussed at the Annual Meeting on May 23rd.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The regular monthly meeting of the Alumnae Association was held May 6th. Miss Coleman, the President, occupied the chair. Considerable business was discussed, and the members decided to hold another meeting on June 2nd. Miss B. M. Simpson and Miss Deyman were appointed delegates to the annual meeting of the G.N.A.O. in Toronto. Miss Bell's resignation was accepted as "Canadian Nurse Representative," and Miss Bessie Sadler appointed.

The friends of Miss Madden, Superintendent of Nurses, will be pleased to hear she has sufficiently recovered from her recent illness to resume her duties at the H. C. H.

Miss Murphy, Class '09, who recently underwent an operation for appendicitis, is now convalescing.

Shannon-Kells—At St. Peter's Church Rectory, by the Rev. J. W. Ten Eyck, on Wednesday, April 30th, 1913, Anna Violet, daughter of Mrs. Wm. Kells, Listowel, to Cecil R. Shannon of Hamilton. Mrs. Shannon is a Graduate of H.C.H.

Briggar—At City Hospital, on Wednesday, April 16, 1913, to Mr. and Mrs. Charles H. Briggar, a son. Mrs. Briggar (nee Edith Glass) is a Graduate of H.C.H.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The lecture on Tuesday, April 29th, brought our courses of 1912-13 to a close. It, like those which preceded, was most helpful and instructive, and our best thanks are due to the doctors who so generously gave us of their time and talent.

Again we have to record with regret the death of a member, Miss Cavanagh, who came to us from Bristol, in March, 1910. She was always keenly interested in everything pertaining to the Association, and we extend our sympathy to her friends in their bereavement.

Dr. Gordon delivered an excellent lecture on "Diet in Health and Disease," in which he said that, foods include all the materials taken in by mouth for purpose of maintaining body weight and body heat, for doing body work. They are divided into three classes—proteids, fats and carbohydrates, salts—and all go to provide fuel, water and oil for body engine. An important point to bear in mind is that this is as truly a chemical process as using gasoline for an automobile. You can't get blood out of a post, and only the energy which the food contains can be extracted—this energy is the same as if the food were burned outside the body.

With body at absolute rest, all energy is expended as heat and in the light running of the heart, liver and brain engines; in exercise is added the work done by the muscles.

The amount of energy which any food possesses is measured in calories—a calorie is the amount of heat which will raise one kilo of water from 0 to 1c. The average man on average work requires about 3,000 calories to maintain him in weight and strength. Of this a certain quantity must be protein to supply the breaking down of

body cells. The balance may be distributed between fat and carbohydrates, according to availability.

Muscular work demands increase of carbohydrates and fats—body has limit to warehousing protein which can be raised and lowered. Above this limit it goes out as urea.

If, now, purely chemical and mechanical methods were all, we could weigh the patient, give him so much dry flour, so much raw meat, and so much lard. But now comes in the question of digestibility.

"Now let digestion wait on appetite." No truer word was ever spoken.

The preparation of food for assimilation is made by the digestive juices, and the secretion of these is under the control of the nervous system. The mouth waters at sight or smell of food, and Pawlow has shown that the stomach secretion does the same.

The manner and circumstances under which food is served means so much. For instance, we all know that at a banquet, with beautiful flowers and music, linen, silver, glass, etc., one can eat more and digest it perfectly, than a meal partaken in dingy surroundings, and poorly served, such as finding a hair in the soup. Speaking of soup, the only other stimulant of gastric function is extractives of meat. Soup as first course at meals is beneficial.

In fevers, food must be diluted. From the poison of the disease the digestive tract is impaired, and foods are required which will yield a maximum of caloric values with minimum of stress upon digestion, such as milk. But milk contains but 320 calories per pint, and though the patient may be kept alive he will lose weight. Sugar of milk has of late been added to typhoid diet with advantage.

Diabetes is the disease, par excellence, which may be influenced by diet. For some reason the body has lost the power of making use of carbohydrates. Sugars and starches may be eaten, but the machinery for utilizing them is out of gear. They are no longer currency in the body. Suppose that 3,000 calories are required, the 1,600 usually furnished by carbohydrates are no longer available, so the diet must be supplemented by increase of fats and proteids. Different cases have a different toleration limit, so the method of treatment is to put the patient first upon an absolutely non-starch diet, and test the urine. If sugar is still passed it shows that the proteid is being converted into sugar, and proteids should be cut off.

In tuberculosis the diet should be largely of meat. First, because only proteid can replace proteid, and second, because a raw meat diet has distinct antibacterial properties—chops, steaks, roasts, beef juice, raw eggs and milk. Because proteids are spared by carbohydrates and fats, these should be given largely in diet.

In the lesion of gastric ulcer we have to do with a rent in the

mucous of the stomach, and an increased acidity of the gastric juice. One plan of dieting is by neutralizing the acidity by large quantities of albumen, which furnishes a relatively large number of calories, and does not cause distention—eggs, milk, sugar, butter, scraped beef, soft rice.

In nephritis, there are so many varieties of this affection that each is a law unto itself. Two opposing claims must be met, the kidneys must be saved work, but the body must not be starved.

Salts and condiments of all kinds are irritants, and, with stimulants, are prohibited, and fluids are restricted.

Purgatives Before Operations:—*The Canada Lancet* says: Ralph Waldo, M.D., New York, contends that it is a bad practice to give purgatives a day or two before performing a laparotomy. If you do, the patient is apt to suffer severely from gas pains for several days following the operation, and an evacuation from the bowels is difficult to obtain. If the operation is to be performed in the morning, a simple enema should be given the night before, and if during the afternoon, this should be done the same morning.

As soon as a patient has been put to bed after a laparotomy an enema of one pint of hot water (110 F.) containing one ounce of whiskey should be administered. This hastens reaction and prevents the severe thirst that is so apt to follow laparotomies. Hot saline is not absorbed as rapidly as hot sterile water, and so should not be used.

If a patient is thirsty after a laparotomy small quantities of water, hot or cold, should be given at short intervals. I usually instruct the nurse to let the patient have all the water she wants in teaspoonful amounts. If a large quantity of water is given at a time, it is apt to cause vomiting. On the other hand, a small quantity at frequent intervals will frequently arrest nausea and vomoting.

Severe vomiting with possibly acute gastric dilation will be very much relieved by washing out the stomach. In fact, this procedure will save many a life.

The too free use of catharties following a laparotomy usually does more harm than good. A simple enema once or twiee a day is usually all that is necessary.

A rectal tube inserted four or five inches once in two hours, and allowed to remain twenty minutes each time, will frequently allow gas to escape and stimulate peristatic action.

SOCIAL SERVICE AND HOSPITAL EFFICIENCY

By Helen R. G. Reid, B.A., Director Social Service Department of the Victorian Order of Nurses, Montreal.

Mark Twain once said of the New England weather, that "Everybody was talking about it, but nobody did anything." In regard to Social Service Work some of us are trying to do something and we hope that many will talk about it.

It has been said that cities have no conscience, and this often seems true when we read of typhoid epidemics, the summer slaughter of young babies, the unrestricted prevalence of tuberculosis and the highest death-rate among civilized nations. Doctors and institutions already overtaxed are often left to grapple with hydra-headed evils which the unintelligent and sometimes unscrupulous guardians of civic health and virtue have allowed to grow up in our midst. In Montreal, as elsewhere, we are slowly feeling our way towards a higher standard of efficiency in matters affecting public health and morals. If the civic sense of the value of preventive work lags behind that of the intelligent public, it means more expense to the tax-paying community, a heavier burden on charitable organizations, a greater loss of life and manhood to the country, as well as untold suffering to the family unit and individual.

Such exhibits as the Tuberculosis Exhibit and that of Child Welfare held not long ago, emphasize the note of prevention which is surely becoming as dominant in Canada as it has become across the border in all medical and charitable work. During the past ten years much has been accomplished in laying bare the needs of our communities along these lines. We are beginning now to realize that it is as great a charity to keep a man well and out of the hospital bed, as to care for him after he is in it. Who is there who would not regard it as even a greater service? Is it not better, more decent, and in the end less expensive to keep our jails empty and our schools full, to regulate our liquor traffic and lessen the number of criminals, to see to it that our homes and streets and lanes are sunny, sweet and clean, and that there is room to spare in our insane asylums, our homes for the feeble-minded

and our sanitaria for tuberculosis? In this great field of preventive work a splendid harvest awaits the efficient and properly trained worker.

In the United States, where the demand for trained workers in all philanthropic activities is recognized as vital to the success and economy of institutional work, Schools of Philanthropy and Social Service have been formed in many of the larger centres. These aim to give professional and technical training to those who desire to enter upon any form of Social Work. More especially, students are prepared for service as expert visitors for charitable institutions dealing with the care of families, as matrons or administrators, inspectors, (tenement houses, factories, etc.), social service workers in hospitals, workers in clubs and settlements, in the Public Service branches dealing with health, charities and corrections, and investigators of social conditions and institutions. Complete courses of lectures are supplemented by practical work and observation in institutions. These courses vary in length—a full diploma course in New York and Boston requiring two years, while a medico-social course to fit workers for Hospital Social Service takes, at the Boston School, five months, and in Bellevue Hospital, New York, only three months, the last being a post-graduate course open to nurses only. A large number of nurses and college graduates follow these courses and fit themselves to fill well-paid posts that await them all over the country. Over two hundred students were enrolled last year in the New York School of Philanthropy.

The day has gone when general service of an all-round kind is considered in any department of life, be it economic, industrial or professional. The man with the trade commands a better salary than the unskilled laborer, and he is, potentially, a better man because of his wider knowledge and usefulness. We pay more for our expert cooks and French dressmakers than for our "generals" and the "woman in by the day," but we now expect the efficiency that commands the higher salary. We have our Specialists in Science, Medicine and Law, and to them we turn for expert work that cannot be given by general training only. We hope for this high standard of efficiency, and as supporters in time, work, and money, we are entitled to expect it in the work of our hospitals and other public institutions.

The Social Worker is already to be found among Church Visitors and Deaconesses, in the Settlements and charity organizations, and wherever visiting is done among the poor. It is in this field that a need is being felt for greater efficiency and for workers whose one specialty—say for Nursing and Domestic Science—has been filled out, and whose mental attitude has been enlarged, by the study under expert direction of the many problems affecting public health. If we have not these workers in our midst, can we not develop them by affording opportunities for study and practical field work through educational agencies already existing here or elsewhere? If we cannot develop them, then let us import them from places where the same need has been felt and answered in the form of Social Service Schools and Schools of Philanthropy. The trained worker we must have as well as the efficient volunteer if we hope to do the best preventive work for our cities.

(To be continued.)

HOSPITALS AND NURSES.

Miss Johns, Superintendent of McKellar Hospital, Fort William, Ont., for the last two years, has resigned her position and will leave shortly for California.

Mrs. A. W. Moody has been in Victoria, B.C., for the past two months.

Miss E. Weber Herman, R.N., has accepted the position of Night Superintendent in Good Samaritan Hospital, Los Angeles, Cal.

Miss Alice Andrew has given up nursing and is doing mission work in connection with King Edward Settlement House, under the Anglican Churches of Winnipeg.

Queen Mary has consented to open the Queen Mary Hospital, erected by the National Sanitarium Association at Weston for children afflicted with tuberculosis, at a date to be fixed early in June.

Her Majesty will press a button at Buckingham Palace that will, by special arrangement with the cable company, have the effect of opening the doors of the hospital. The building will be completed early in May, and will be ready for occupation immediately after the opening ceremony.

The nurses of Winnipeg and the graduating classes of St. Boniface and the General Hospital gathered, on the invitation of the Provincial Nurses Association, at the Wolseley Avenue Home, on April 29th, when the chief topic of conversation was the Manitoba Nurses' Registration Law, the first in Canada. Miss K. Cotter was in the chair, and Mrs. J. H. R. Bond spoke briefly, outlining the steps taken from the initiation of the agitation up to the passing of the Bill. Although the latter was perhaps not all that could be desired, it yet was a long step forward in that it provided for a three year training and for provincial examinations.

The nurses were very enthusiastic over the prospect of writing "R.N." after their names, and highly congratulatory to the leaders of the movement. *Free Press News Bulletin, Winnipeg.*

The Vancouver Local Council of Women is hoping this year to make the women's department of the Vancouver Exhibition even more interesting than in the past.

The council has suggested to the manager of the exhibition that the Child Welfare exhibit at the Vancouver Mid-summer Exhibition be in charge of a joint committee from the Graduate Nurses' Association, Victorian Order of Nurses, Public Health Nurses' Association and the Problems of Childhood Committee of the Local Council of Women.

The untimely loss of Miss Alice McIntosh, who died on March the seventh, is much deplored by her large circle of friends and classmates.

Miss McIntosh was a graduate of the Montreal General Hospital class '09, and succumbed to a serious operation at that hospital.

Her work, since graduating, has been both of an institutional and private nature, latterly she had been engaged in private nursing in Montreal.

Her classmates, patients, and all who had occasion to come into contact with her, were greatly impressed with her cheerful disposition, for she ever looked on the bright side of life. She was a true friend and a devoted nurse, greatly interested in the welfare of her profession.

The graduating exercises for the class of 1913, Royal Victoria Hospital Training School, Montreal, took place on the afternoon of April 9th, when twenty-three nurses received their diplomas. The large reception room in the home was profusely decorated with flowers, and many of the friends of the graduates and of the hospital were present. Mr. Vincent Meredith was chairman; Lady Drummond gave an address to the nurses in her usual charming and interesting manner. Dr. Roddick also gave them words of kindly advice in his own delightfully cheery way. After the presentation of the diplomas and pins, by Mrs. Meredith, an adjournment was made to the dining-room, also bright with flowers, where refreshments were served. In the evening a small informal dance and supper took place in the home, each of the graduates having the privilege of inviting one friend. A very pleasant evening was spent, and we are sure the class of 1913 will look back with much pleasure to their graduating day.

Miss E. Trew (M. G. H.) has accepted the position of night superintendent in the Harbour View Sanitarium, North Vancouver, B.C.

Mrs. Mathieson, graduate of Glasgow Royal Infirmary, who has been doing private nursing in Vancouver, has taken charge of the hospital in Fernie, B.C.

The Provincial Health Exhibit, which is visiting the towns of Ontario in a Grand Trunk car, is proving of great interest and will undoubtedly be an effective means of education in the prevention of disease. Mr. E. P. Jones is in charge, and gives a careful, interesting explanation of the various exhibits to all visitors.

The District Health Inspector co-operates with Mr. Jones by giving evening lectures on the Prevention of Disease.

The annual meeting of the Florence Nightingale Association of Toronto, was held at the Nurses' Club, 295 Sherbourne St., on April 1st, 1913. There was a good attendance. The President, Miss Me-

Kenzie, presided. In the absence of Miss Wardell, the minutes were read by Miss Urquhart. The officers for the year are:

Miss McKenzie, R.N., President; Miss Urquhart, Vice-President; Miss Wardell, R.N., See.-Treas.

The Executive—Miss Grant, Helen Parke, Code, Morrison, Hamilton, Hoyt, Mrs. Wigham.

After refreshments the meeting adjourned to meet on Tuesday, May 6, at 3.30.

Miss Marsh, graduate of Vancouver General Hospital, has taken charge of the operating-room at the Bute Street Hospital, Vancouver, B.C.

Dr. Hall of New Westminster, B.C., has offered to deed the municipality of Port Coquitlam two acres of land on Mary's Hill as a hospital site. The council will ask for an option to purchase three acres immediately adjoining.

The annual meeting of the Ottawa Graduate Nurses' Association was held at the Nurses' Club, 114 Carling Ave., on Monday, April 14th, at 3.30 p.m. In the absence of the President, Mrs. L. E. Harris occupied the chair. The annual report was read and showed a very successful year.

The minutes of the last annual meeting were read and accepted. The Treasurer's report, which showed quite a balance in the bank, was read and accepted. The Registrar reported 120 names in the registry, with about 700 calls for the year.

In June, 1912, a garden party was held in the Water Street Hospital grounds, and was very successful. During November and December, Miss Still gave a course of lectures in "Dietetics," which were very profitable to the nurses. A doll social was held at the club house on December 12th, at which quite an amount was realized.

We are indebted to the following for our entertainment at our different meetings:—Mrs. R. L. Borden, Miss Grace Moore, Dr. J. L. Chabot, M.P.; Dr. R. W. Powell and Mrs. Adam Shortt.

Our association, through the kindness of Mr. Andrew Haydon, is now an incorporated body.

The nurses' rates have been raised.

During the year, flowers have been sent to our members who have been ill.

The officers for the year are:

President, Miss Grace Moore; Vice-President, Mrs. R. Law; Secretary, Mrs. Hawkins; Treasurer, Mrs. Harris; Board of Directors, Mrs. Ballantyne, Mrs. Church, Miss Catton, Miss Haldane and Miss McCall.

Miss McGibbon, Lady Stanley Institute, class '10, is doing private nursing in Toronto.

Miss Sims, Lady Stanley Institute, has accepted the position of head nurse at the new Hopewell Hospital, Ottawa.

Miss Williamson, Lady Stanley Institute, Class '12, is one of the new head nurses at the Isolation Hospital, Ottawa.

Miss Elsie McKinnon and Miss Latimer, Lady Stanley Institute, class '12, are occupying positions at the Wellesley Hospital, Toronto.

The regular monthly meeting of the Berlin Graduate Nurses' Association was held at the Library Parlors on Monday afternoon. March 17th.

As Miss Crosby had kindly consented to address the nurses on the subject of Registration, invitation were extended to the Associations of Guelph, Fergus, and Galt, to send representatives.

The response was gratifying, and the attendance beyond expectation.

Miss Crosby's earnest, comprehensive address was both convincing and stimulating.

Special emphasis was laid upon uniformity of provincial standards; proper inspection of all training schools; higher educational requirements; legal status and recognition by registration. Miss Crosby dwelt upon the strong necessity for the elimination of training schools of low standards, where nurses are exploited for financial gain—no equivalent for time and service being given the nurses in these training schools—the gross injustice to the nurses and to the public. The correction of the evil can be secured only by legislation.

A discussion followed, led by Miss Neelin, Principal of the Royal Alexandra Hospital, Fergus, after which a very hearty vote of thanks was extended to Miss Crosby, and the meeting adjourned. The guests of the afternoon were entertained to luncheon at the Market Hotel.

The opening of the new wing of the B. W. Hospital, as chronicled elsewhere in your pages, was of special interest to the nurses.

The Graduate Nurses' Association and the Alumnae Association of the B. W. H., combined to furnish a ward for the use of nurses.

The color scheme throughout is delft-blue and white.

The plain white enamel furniture, the pretty delft-blue rugs, the white rattan chairs in blue repp upholstering, combined for simplicity and daintiness, and called forth many compliments.

Miss Smith, who resigned her position of Assistant Superintendent of Nicholl's Hospital, Peterborough, has been succeeded by Miss Sanderson, R.N., Graduate of University Hospital, Baltimore.

Miss Mann has succeeded Miss Roberts as Night Supervisor—both Graduates of Nicholl's Hospital.

The Graduating Exercises of the Toronto General Hospital Training School for Nurses took place on the afternoon of Friday, May 9th, in the Amphitheatre of the hospital. A large gathering of friends and graduates of the school were present when the thirty-five members of Class 1913 received their diplomas and medals. Mr. J. W. Flavelle, Chairman of the Hospital Board, presided. Rev. Dr. Rose opened with prayer. Miss R. L. Stewart, Superintendent of the Training School, read the yearly report, which showed the school to be in a flourishing condition. Dr. R. A. Reeve, who has been connected with the training school since its inception, addressed the Graduating Class. Dr. A. H. Wright presented the diplomas and medals. The prize list was as follows: Senior year—The Dr. J. F. W. Ross Scholarship for General Proficiency—instituted by Dr. J. F. W. Ross and continued by Mrs. Ross—was presented by Dr. Marlow to Miss S. I. Mitchell, Alliston, Ont.; The Dr. H. A. Bruce Scholarship for Proficiency in Operating Room Technique was presented by Dr. Bruce to Miss L. F. Holditch, Port Robinson, Ont.; Prizes for the highest standing in examinations, given by Dr. Charles O'Reilly, was presented by Dr. McCollum to Miss Bertha Harmer, Toronto; Prize for neatness and order, given annually by Mrs. R. B. Hamilton, was presented by Mrs. Hamilton to Miss J. A. Dunbar, Edinborough, Scotland.

In the Intermediate Year, the J. D. Patterson Scholarship for general proficiency was awarded to Miss May Shaver, Wales, Ont.; The R. L. Patterson Scholarship for highest standing in examinations, to Miss Florella Stevenson, Toronto.

In the Junior Year, The Arthur McCollum Memorial Scholarship for general proficiency was awarded to Miss Marion Keyf, Galt, Ont.; The Walter S. Lee prize for highest standing in examinations, to Miss Florence Dolson, Toronto.

At the close of the exercises, Miss Steward and Miss Charlton received the guests in the Nurses' Parlors, which were beautifully decorated with ferns, Marguerites and palms. The very pleasant social hour here brought to a close the last graduation exercises that will be held in the old Toronto General.

The Board of Education, Toronto, inaugurated "Classes for Little Mothers," in three of the schools on Saturday morning, May 10th, 1913—at Victoria Street School, "Hester How" School and McCaul Street School. That the "Little Mothers" were intensely interested was very evident, and much good will result from the education given in these classes. These children have a great deal of the care of their younger brothers and sisters, and if they are taught to care for them in the right way, the little ones will assuredly reap the benefit.

At Victoria Street School was organized the first "Little Mothers'

League'' in Toronto, probably in Canada, with the object of teaching the ''Little Mothers'' ''the proper feeding, bathing and dressing of babies, bed-making, making of the clothing, in fact everything that pertains to the welfare of the babies.''

The Graduate Nurses' Association of Thunder Bay District held its regular meeting on May 1st, when, following the suggestion of Dr. Oliver, this resolution was passed: ''Resolved, that the work of City Nurse and of School Nurse are two separate offices requiring two nurses.'' Miss Blackmore gave a talk on ''Experiences of District Nurse.''

Misses Regan and Blackmore were appointed delegates to the Canadian National Association of Trained Nurses which meets at Berlin, Ont., on May 20, 21 and 22, 1913.

At a meeting of the Graduate Nurses of Peterborough, held in the Board Room of the Public Library, April 16th, a chapter of the Graduate Nurses' Association of Ontario, was formed. Miss Mowry, Superintendent of Queen Mary Hospital, was appointed Chairman; Miss Howson, 188 Edinburgh St., Secretary-Treasurer.

Beginning with a membership of eight, to which seven have since been added, it is hoped that soon all the graduate nurses shall become members. Miss Crosby, who was present, gave a most interesting informal talk, dealing with the questions of greatest interest to nurses at present, in her own inspiring way.

Miss Crosby was the guest of Miss Mowry while in Peterborough.

Miss I. K. Bradshaw, who recently resigned her position as Social Service Nurse in connection with the Winnipeg General Hospital, has, we regret to say, been ill in the hospital for the last month.

Miss Jean Matheson has gone to the hospital in Revelstoke, B.C., to be Superintendent.

Miss Lily Kidd has resigned her position as staff nurse in Winnipeg General Hospital, and gone to Kootenay Lake Hospital, Nelson B.C., to fill the lady superintendent's position.

Nurses' examinations are the order of the day in the training schools throughout the Province.

Miss Birtles, Superintendent of General Hospital, Brandon, who recently underwent an operation, has, we are glad to say, almost recovered.

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Two especially timely books on the spring list of Ginn and Company, 29 Beacon St., Boston, Mass., are "School and Home Gardens," by W. H. D. Meier, and "Agronomy: Practical Gardening for High Schools," by Willard N. Clute. The former is an eminently practical handbook for the amateur gardener, giving definite directions for the

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W. B. Saunders Company, Publishers, of Philadelphia and London, have issued another edition (seventeenth) of their handsome illustrated catalogue.

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MARRIAGES

Gardner, Smythe—At Ottawa, on April 3rd, 1913, Miss Lillian Smythe, Graduate of St. Luke's Hospital, Ottawa, Class '10, to Dr. Lorne Gardner.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IX. TORONTO, JULY, 1913. No. 7

Tenth Annual Meeting of the Graduate Nurses' Association of Ontario

Toronto Graduate Nurses' Club, 295 Sherbourne Street

Friday, May 23rd, at 10 o'clock a m.

The President, Miss Bella Crosby, in the chair.

After the Nurses' Prayer had been offered, the Secretary read the minutes of the last annual meeting. Minutes adopted as read.

The Secretary's report was then read, Miss Pringle moving its adoption, seconded by Miss Eastwood.

SECRETARY'S REPORT.

Madam President and Ladies,—We are glad to welcome the members of the Graduate Nurses' Association of Ontario to this tenth annual meeting, and to our beautiful Nurses' Club House, the headquarters of the association.

During the past year your Executive Committee has held nine regular meetings and one special meeting with an average attendance of ten members. The first subject that engaged the attention of the executive was the regulations under which clause 18 of the Hospital Act was to be operated. This will be reported by the Legislation Committee.

The serious problem presented by the short course schools of nursing is confronting nurses everywhere. That there are three of these in our own province, two of which are in Toronto, demands our serious attention, not only on behalf of the young women who are paying large sums of money for something of very little value, but also on behalf of the public, who have no way of discriminating between the graduate nurse of good standing and the nurse trained in one of these schools. The executive thought it wise to undertake a scheme of advertising, with the object of putting into the hands of young women wishing to study nursing information that would enable them to make a wise choice of a training school. We trust the association will agree with

the decision of the executive and that every member will do everything possible to further this plan. It was further deemed advisable to publish a list of some of the training schools for nurses in connection with hospitals in Ontario for distribution to those seeking this information.

We are glad to be able to report the organization of two Chapters this year—the London Chapter with Miss Read as chairman and the Peterboro Chapter with Miss Mowry as chairman. This makes three Chapters in all.

During the year Miss Crosby, our President, responded to invitations to visit the following Associations: The Alumnae Association of Victoria Hospital, London, Ont.; the Graduate Nurses' Association of Berlin and Waterloo; the Alumnae Association of the Mack Training School, St. Catharines; and the Graduate Nurses of Peterboro, where a Chapter was formed.

Miss Crosby also visited the Hamilton Chapter at its meeting in April.

At all of these meetings a good attendance was reported and a keen interest shown in the work of the Association.

Owing to the need of definite information re the Training Schools of the Province, the Executive thought it wise to appoint a nurse to visit the schools and secure such information. This seemed a wise step as no real progress can be made where definite knowledge is lacking.

In December our Treasurer, Miss L. L. Rogers, because of stress of work, resigned her position. Mrs. Paffard kindly undertook the work for the balance of the year.

It was the privilege of the Executive in October to entertain Miss Jean Sutherland, of New Zealand, who had represented her country at the International Congress of Nurses at Cologne. Miss Sutherland visited different points in Canada on her way home and spent a few days at the Nurses' Club in Toronto. Miss Sutherland could speak with authority about registration of nurses as it has been in force in New Zealand for about two years—neither doctors nor nurses there would go back to the old way.

While we have not accomplished all we had hoped during this year, yet we feel some progress has been made, and we would urge every member to a keen interest in the Association and to the necessity of increasing our membership till it includes every nurse in the Province. Thorough organization means greater strength and efficiency. Let us put forth stronger and more united efforts during this next year to realize the ideals of our Association. We have a paid-up membership of 245. New members received during year, 125.

Respectfully submitted,

INA F. PRINGLE,
Recording Secretary.

Miss Crosby: The report is before you for discussion. It really sums up in brief form the work done by our Executive since our meeting in Hamilton last year.

Are there any questions, suggestions or criticisms? Please feel free to discuss what the Executive has tried to do during the year. I am very glad that there are so many representatives from the different Associations outside Toronto here this morning. In fact, there are more here from outside than from Toronto. We have contingents from Galt, St. Catharines, Hamilton and Peterboro are well represented, beside other parts. I hope you will feel perfectly free to express criticisms or suggestions or ask questions.

There are some very important points mentioned. For instance, the Short Course Schools of Nursing. What do you think of our plan as inaugurated by the Executive to combat this evil?

Miss Eastwood: By these Short Courses you mean Correspondence Courses?

Miss Crosby: They are not all Correspondence Courses, because in Toronto they have classes two or three days in the week, and the pupils can there have theoretical instruction, so that you could scarcely call that a correspondence course.

Miss Eastwood: All schools separate from hospitals.

Miss Crosby: That is the idea, where pupils get no practical instruction in nursing, but have some theoretical training. The two here in Toronto, I might say, emphasize the money making side of it, and the nurse who takes in this Short Course gets her profession in six months or so, and escapes all the drudgery of training in the hospital. They charge a very high fee, as high as $180, for a course in one of these schools.

I might, perhaps, read you the letter which we sent to the different Alumnae Associations. Probably a good many of you are familiar with it. (Reads letter).

Miss Eastwood: How many answers have you got?

Miss Crosby: The Western Hospital Alumnae here replied by contributing $5 to this work, and more as their treasury increased and as the need arose. The St. Catharines Alumnae replied to say that they were placing the advertisements in two of the local papers. St. Michael's Hospital Alumnae of Toronto is inserting the advertisement in "The Catholic Register," which goes not only all over Ontario, but all over Canada, and I have had replies from some of the other Associations stating that the matter was under consideration. We sent copies, somewhat differently worded to suit the Associations, one to the Secretary of the Hospital Association and one to the Secretary of Society of Superintendents of Training Schools for Nurses. The meeting of the latter Association is over. Whether they did anything with this

letter or not we don't know. It was not done in the public meetings. The letter was acknowledged by the Secretary, and the letter to the Secretary of the Hospital Association was acknowledged, who said he would be very pleased to bring the matter before his Board. We would like to know your opinions.

Miss Phillips: Have you had any answers or any questions from the would-be applicants to the training schools? Do you think it has done any practical good yet?

Miss Crosby: The advertisements are only now being inserted; it is too soon. The Executive decided to advertise in the two weekly papers, The Weekly Globe and The Weekly Mail and Empire. These go all over the country, and would probably reach the girls who really need the information we are seeking to supply.

Miss Eastwood: Is the little pamphlet that is to be sent ready yet?

Miss Crosby: No. While this subject has been under discussion for a good while, it seemed difficult to hit upon a plan, and it is only in the last two monthly meetings of the Executive that we have been able to get down to anything definite. It seemed so difficult to know just how to reach these girls, but we were anxious to reach them, and finally this was the plan decided upon.

Mrs. Pafford: As an illustration to those who do not know about the matter, you might mention the case of the woman who appealed to you for help and those who went to Miss Bell.

Miss Crosby: This probably gave point to our deliberations. There was a woman here in Toronto who had been doing practical nursing, and who had been advised by a relative to take some instruction that would make her a more efficient nurse. Probably a course in the Red Cross School of Nursing might help her. He knew nothing about these things, but was anxious to make life a little easier for this woman. She had a sick husband and two small children, and it was absolutely necessary she should do something to earn money. She was rather suspicious, I think, as to whether this was going to be a help or not, and was wise enough to consult her doctor, and he was rather suspicious, too, though he really knew nothing about the Red Cross School, and he referred this lady to Miss Ewing, and Miss Ewing referred her to me. Before she came to see me she went to a lecture at this school, then visited me and asked me some questions. She said, "I went to that lecture; I know the subject was indigestion, but that is all I can tell you about it." There had been no information gleaned from the discussion of the subject at all, a vital subject in which she was particularly interested, because her husband was suffering from this trouble. Then I pointed out to her that she would be simply spending her money and not improving her position or adding greatly to her knowledge, as she had found out. She would not be

justified in assuming responsibility for which she was not at all prepared. She realized this, and said she was very glad to have received the information, and the very fact of having been at one lecture helped to settle the matter for her.

These other two young ladies had gone to the Red Cross School. I think they belonged to Toronto. I think they had paid $45.00 and $25.00, respectively. They began to realize they were not getting the knowledge and training they had expected. They went to interview Miss Bell, of the Toronto Western Hospital, to learn what the training should include. She took the matter up with them, and showed them that they could not get a training in that way, and they are both entering the Western Hospital Training School for Nurses.

These things showed there was a need for something being done. Requests have come, not only from these nurses, but from some in the other cities who have found young women making enquiries of the same sort, so we felt there was a call to do something.

Miss Eastwood: Some little time ago, I think it was last year, there appeared something in the "Globe," which was cut out and sent to me. Some person had evidently written to the paper asking where they should train, and mentioned several hospitals. They were advised to take no steps until they applied to the Superintendent of the Victorian Order of Nurses, Toronto. I thought it was pretty cheeky for them to give me that task. I had several girls apply to me to know what steps they should take, as they wanted to be nurses. I had a nurse from one of these correspondence schools come to me, and she told me she hadn't the time or the money to go on training. It was too expensive. She had already paid $90 for the training she had had, and now she was sadly finding out it was of no use. I am finding that out wherever I go. I thought I would like to know what they offered, and I wrote to ask for their prospectus as if I were a candidate. I got letters and letters, wanting me to join, what was standing in my way, and perhaps they could assist. Finally I got tired of them and wrote telling who I was and what I thought of it. I received a letter back saying they never supposed it was as good as hospital training, but that it was good in its way, and so on. I told them I had met one of their pupils and that she had derived no good from their course, and what I thought of them, taking the money from girls and giving them nothing in return, and besides they could not possibly teach nursing without sick people. (Laughter).

Miss Crosby: That all goes to show that there is a need for this information being supplied.

Miss Smith: Your letter was received in Hamilton, Miss Crosby, but no meetings of our Chapter have since been held. We meet this week.

There was an advertisement in the Hamilton papers, also in the

Globe, in large headlines, appealing to those who intended to take up the profession of nursing, and stating that the Assistant Superintendent in one of the largest hospitals in greater New York would be in our city, and would like to meet the girls. I went, but didn't get much information. Some of the nurses went, pretending they were applicants, and they didn't get much satisfaction; they supposed they did not look favorable in her eyes. However, I have a young secretary in the dispensary, who is hoping to be a nurse, and she had determined to study in the correspondence school, so I thought she would be a very good person to interview this advertiser. She got all the particulars in most glowing terms. This lady was the Assistant Superintendent in a new Jewish hospital in Brooklyn. The probationers were to have a ball every two weeks and all gentlemen friends were to be invited. There was quite a good deal of freedom promised. We found the Superintendent of the hospital had a gread deal of trouble in getting probationers, and as her Assistant Superintendent was a Montreal graduate she was looking up probationers on her way from her holidays.

Miss Phillips: I have been very much surprised to see the reputable journals, like the Ladies' Home Journal and different magazines, advertising these schools. If their attention was called to it, do you not think they would do something about it?

Miss Crosby: We have repeatedly drawn the attention of the Ladies' Home Journal to the fact and told them exactly what a correspondence course meant, and remonstrated with them for publishing such an advertisement, but it has never led to the elimination of the advertisement.

Miss Phillips: These journals profess to investigate those advertisements before they insert them, and guarantee that if people are defrauded they will hold themselves responsible for the return of the money.

I had a somewhat similar experience to Miss Eastwood. I wrote to one of these schools, thinking it would be a course of reading, and I was simply flooded with literature. Finally they got very, very impertinent. The first thing was a request for $60. I saw it wasn't what I wanted so took no further notice. They wrote over and over again, and then accused me of being very discourteous for not answering. I wrote, saying that I had two diplomas, that my idea was simply to take up a reading course, and I thought it was something similar to the Chatauqua course. Then they wrote back saying how much good it would do me. I wrote a sharp letter in reply and took no further notice. I thought then that anyone who did not know the ins and outs could be easily misled. There was nothing to be done till $60 was sent.

Mrs. Paffard: Our Association took up the matter and Miss Brent

had charge of the Ladies' Home Journal part. They were interviewed, but we got no satisfaction at all. They seemed to think that they should never refuse an advertisement. Mr. John Ross Robertson has forbidden his editor to publish any advertisement in connection with these correspondence and short course schools.

Miss Crosby: We have interested the Proprietor of the Telegram and, as Mrs. Pafford has already told you, he has forbidden any advertisements of these schools to appear in his columns, and he has got Dr. Clark of the Toronto General to write some articles. He has already written one editorial which has appeared in the Telegram, and more to follow. More than that, he sent a lady reporter to apply at the Red Cross School and also at the Dominion School of Nursing, so as to get first hand information, and we are expecting a very pithy editorial when the account of her experiences appears. We will see that a copy of that paper is sent to every Association, at any rate.

Delegate: Is there any danger of law suits?

Miss Crosby: That is why we consulted a lawyer, and that was why the Executive took the responsibility of seeing the advertisements were prepared so that none of the Associations would be at all liable.

Of course, we have to be careful in arranging our list. We would call your attention to the list of hospitals that we have prepared. Do you think it is a good plan or otherwise? (Assent).

You will notice that the report also referred to a visitor to the Training Schools to secure information. This is an entirely new venture. A nurse was giving some information about her hospital, and gave us very nearly double the number of beds that are reported in the Government Report. We felt we were moving in the dark. If we had someone to visit the training schools, who would secure information about the teachers and lecturers, and so on, it might enable the Executive to work more intelligently in the reception of members.

Miss Eastwood: I feel if the word "visitor" was put in instead of "inspector," it would make things go more smoothly. The word "inspector" carries authority with it, and the other carries no authority, merely a friendly visit. I have an idea that in some places it might be resented if there was an inspector sent. It is a wrong term. We have not really any right to inspect, but no person would object to a visitor.

Mrs. Paffard: I think that is a good point, and I would like to move that it be taken up by the Executive and arranged for a different wording.

Seconded by Mrs. McConnell. (Carried).

The resolution that the report be adopted was then put to the meeting and was carried unanimously.

The Treasurer's report was then read by Mrs. Paffard.

TREASURER'S REPORT FOR YEAR ENDING MAY 24, 1913.

RECEIPTS.

Balance on hand at beginning of year		$423.43
Fees	$313.00	
Donations	7.75	
Proceeds, calendars sold	45.87	
Proceeds, Florence Nightingale post cards	31.60	
Total receipts for year		398.22
		$821.65

DISBURSEMENTS.

50 per cent. of fees paid Treasurer Hamilton Chapter.	$8.50	
50 per cent. of fees paid Treasurer Peterboro Chapter	6.50	
50 per cent. of fees paid Treasurer London Chapter.	4.00	
Delegates' expenses, Hamilton Convention	18.30	
Stenographer's expenses and fees	13.95	
Use of Nurses' Club for meetings for year	15.00	
Annual dues, Can. Nat. Assn. Trained Nurses	10.00	
Annual dues, Local Council of Women	2.00	
Subscription, Canadian Magazine	2.50	
Postage	20.65	
Page in "The Canadian Nurse"	25.00	
Printing and stationery	76.50	
Auditor, two audits	5.00	
850 calendar pads	10.75	
1,000 Florence Nightingale post cards	7.50	
Reception Miss Sutherland at Club	4.50	
Annual contribution, support Mrs. McEvoy	30.00	
Total disbursements for year		$260.65
Balance in bank at close of year		561.00
		$821.65

Receipts for year are in excess of payments by $137.57.

(Mrs.) AGNES M. PAFFARD,
Treasurer.

I have examined receipt book stubs, bank book, vouchers and cash book for year ending May 24, 1913, and certify that above statement agrees therewith.

Toronto, May 23, 1913.

T. W. ELLIS,
Auditor.

Moved by Mrs. Paffard, seconded by Mrs. Yorke that this report be adopted. (Carried).

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS.

Madam President and Ladies.—Your committee, in studying the Constitution and By-Laws, felt that Article 3 of the By-Laws should more clearly define the standard the Association wishes its members to maintain. Your committee therefore submits the following change for your consideration and approval:—

Article III.—Members, now reads: All nurses resident in Ontario who have graduated from hospitals in good standing, also from hospitals for the Insane which give a training of two years or over, and graduates of Ontario hospitals, resident elsewhere, shall be eligible for membership, each application to be in writing, signed by the Superintendent of her training school and two members of the Graduate Nurses' Association of Ontario. These applications may be accepted at any regular meeting of the executive committee. Forms of application may be had from the secretary.

Proposed change: Article III.—Members. Nurses resident in Ontario who have graduated from training schools for nurses in connection with hospitals which have at least a monthly average of twenty-five occupied beds, such training schools to give their pupils at least two years' training in general nursing in the hospital, shall be eligible for membership; also graduates of training schools of this standing in Ontario, who are resident elsewhere. These applications may be considered at any regular meeting of the executive, whose decision shall be final.

Respectfully submitted,

JANET G. MCNEILL, Convener.

Miss Eastwood: May I tell why the change was thought proper to be made? We found some schools that were training their pupils outside the hospitals. They were sending some of their nurses out to do private nursing through the early months of their training. We found that some got sufficient probationers because the graduates were received as members of this Association. Nearly all through their course they sent them out to do private nursing.

Miss Crosby: We understood some of those sent out were not six months in the hospital. You see this reads, "Nurses who have graduated from hospitals in good standing." The question was, what hospitals are meant? "Which give a training of two years or over." What kind of a training. We felt we must have something definite, so that there would be no difficulty about the acceptance of applicants. I hope that a number will express opinions about this.

Miss McKenzie: I think that the change should include the number of occupied beds in the hospital.

Miss Crosby: It has, "hospitals which have, at least, a monthly average of 25 occupied beds." While some of the hospitals may have the number of beds required to get the Government grant, very often we find they don't have more than an average of seven, eight or nine patients. That does not give the adequate amount of practical experience that a nurse requires.

Miss McKenzie: Does that mean that those beds must be occupied during the month?

Miss Crosby: That is the monthy average. The hospital that Miss Eastwood referred to in her remarks was using the name, or did use the name of this Association as a means of attracting students to its training school. They had printed on their prospectus that " the graduates of this school are eligible for membership in the Graduate Nurses' Association of Ontario," and the Superintendent told me that until they put that on the prospectus they could not get pupils; since then they got plenty. We don't want the name of this Association to be used in any such way, because a school that exploits its pupils to bring money into the treasury of the hospital is not doing right. We feel we should stand for a high standing, for proper training and for best standards all round.

In the Bill of Registration that was recently passed in Manitoba, those who prepared the Bill asked for a monthly average of 20 occupied beds. In passing through the hands of members of the Legislature the Bill was sadly mutilated, and they cut down that twenty to five. Of course, that very fact showed that the people who were dealing with the matter knew nothing at all about it. Are we doing right in requiring 25 occupied beds, or should we make that number less? (A voice) "No! Keep up the standard."

Delegate: Where I am the Board are not at all pleased with me because I won't send pupils out. If it was included in this that their training had to be in the hospital.

Miss Crosby: You would advise that a caluse be added that schools sending their pupils out to do private nursing will not be eligible for membership?

Delegate: Something to that effect. The training duration is not three years in all hospitals.

Miss Crosby: I think it is three years in the majority of hospitals in Ontario.

Mrs. Paffard: If the point could be brought home to the trustees of these hospitals that their graduates would not be eligible for the Graduate Nurses' Association it might make them realize the nurses' viewpoint—the need of maintaining a high standard.

Miss Crosby: We don't want the training to be given outside, that is the idea.

Delegate: Suggested that, in a community where there was only one hospital, it might be a great advantage to the community to have the nurse go among them during her third year, provided she had faithfully served her two years in the hospital. Also that the hospital should not be allowed to receive any money for the services of such nurse.

Delegate: That would be more in the way of district nursing. The danger comes in allowing nurses to go out to do private nursing for which the hospitals are paid. If money were not paid it would be for the sake of the nurse and not for the sake of the hospital.

Mrs. Paffard: The great trouble is you are sending an undergraduate to do private nursing.

Miss Crosby: And she is away from supervision. Is the Board right in sending a pupil out and putting her in a place of responsibility when she is not really a graduate nurse and in a position to assume that responsibility? This subject was discussed at the Superintendents' meeting, and all who spoke expressed the opinion, but one, that the nurse should receive her training in the school, under the direct supervision of the Superintendent of Nurses, and the exception was, I might say, this Superintendent whose school we had under consideration when we were trying to make this clause more definite.

Miss Smith: Have "in the hospital" changed to "within and under the direct supervision of the Superintendent of Nurses."

Miss Smith moved the above as an amendment, and this was seconded by Mrs. Clutterbuck.

Mrs. Paffard: May I move an amendment to that amendment? Let a resolution be passed by this Association to the effect that no pupil nurse be sent out from a hospital having either a two or three year course. We cannot support undergraduates going out.

Miss Dyke: If it is impossible to safeguard the work of nurses outside the hospital in the third year, could it not be "such training schools to give their pupils a training in general nursing within the hospital throughout the course of training?

This was moved by Miss Dyke, seconded by Miss Sadler.

Miss Crosby: The last amendment revises the eligilibity clause to read as follows:

Nurses resident in Ontario who have graduated from training schools for nurses in connection with hospitals which have at least a monthly average of 25 occupied beds, such training schools to give their pupils a training in general nursing within the hospital throughout the period of the training and such curriculum to cover a period of not less than two years, shall be eligible for membership; also graduates of training schools of this standing who are resident elsewhere.

These applications may be considered at any regular meeting of the Executive, whose decision shall be final.

This covers the ground very completely, and really includes what Miss Smith meant in her amendment.

Motion carried.

Report of Committee on Legislation, read by Mrs. Paffard, who moved its adoption, seconded by Mrs. Clutterbuck. Carried.

REPORT OF LEGISLATION COMMITTEE

Madam President and Ladies,—As convener of the Legislation Committee, it devolves upon me to make a report of our work during the past year. While no one can regret more than your committee does that we have not yet secured legislative recognition of the profession, with a uniform curriculum of all training schools, I can assure you that we have not been idle.

The intimation that the government might take some action in the direction we have been urging, naturally prevented us from doing other than press our recommendations in the proper quarter. This was done with some vigor, and while the amendment to clause 18 of the Hospital Act passed by the House in 1912 does not by any means meet our requirements, yet I think it indicates that "the powers that be" are thinking in the right direction.

May I plead for more interest on the part of our members, consequently more members and more influence to support our future efforts to secure our aims in this matter.

Respectfully submitted,

AGNES M. PAFFARD.

Miss Crosby: We all regret exceedingly that the matter has not made better progress, but it seemed utterly impossible to get regulations arranged that would really regulate, when clause 18 has no standard in it. It just means writing your name in a register and paying a fee. We want a certain education as a basis for our registration. That clause makes it possible for you to register and call yourself a registered nurse, but it does not make it impossible for anybody to do that. The "R.N." is not protected.

You will be very glad to know that a fairly good Bill has been passed in Manitoba, by the Manitoba Graduate Nurses' Association. While they have not got everything that they wanted, they have University recognition. (Applause.) The arrangement of the curriculum is in the hands of the University. The nurses there feel that the Bill can be improved as time goes on.

Report adopted.

Report of the Chapters.

Miss Crosby: We are very glad that we have three Chapters from

which to hear this year. You heard from the first Chapter a year ago, and I am sure they will be able to give a very good account of the year that is past. We will ask Miss Smith to give us a report of the Hamilton Chapter.

Miss Smith: All I can say is that we last year arranged a programme of meetings for the year, had lectures from different doctors and had joint-meetings with the Alumnae Association, but we have made no general movements in Hamilton. We tried to do so. There has also been some co-operation among the nurses doing Social Service Work, and we are to have a talk from the nurses doing this line of work at the meeting next month.

Miss Crosby: On one of my visits to an outside city, a nurse informed me that she had received a letter from a Hamilton nurse which said, "I am really compelled to take an interest in the Graduate Nurses' Association. The nurses here are so enthusiastic that I am like a ship without a rudder if I don't belong to it."

The Chapter in London was organized last autumn. As there is no representative present this morning, we will, perhaps, hear from this Chapter later.

Miss Mowry (Peterborough): We are such a young Chapter; we only had our first meeting last month. We had fourteen graduates present. We expect five more. We find a good deal of enthusiasm and hope to do great things.

Miss Crosby: At the last Executive Meeting we had twelve applications from this Chapter to consider. You can imagine from that that, if the Chapter is very young, it has not been idle.

Miss Mowry: I think we will have every graduate in Peterborough during the next few weeks. (Applause.)

REPORT OF ELECTIONS.

President—Miss Bella Crosby.

First Vice-President—Mrs. W. S. Tilley.

Second Vice-President—Miss Edith A. Read.

Recording Secretary—Miss Ina F. Pringle.

Corresponding Secretary—Miss Jessie Cooper.

Treasurer—Miss Julia F. Stewart, 12 Selby St., Toronto.

Directors—Miss L. L. Rogers, Mrs. Paffard, Miss Mathieson, Mrs. Mill Pellatt, Miss M. Ewing, Miss Eastwood, Mrs. Clutterbuck, Miss Wardell, Miss Dyke, Mrs. Yorke, Miss Rowan, Mrs. MacConnell, Miss Gray, Miss McNeil, Miss De Vellin, Miss Norris.

Miss Crosby: It seems rather too bad that so many of the members do not make use of their privilege of voting on the officers and members of the Executive Board. Some of the members who really are

too far away to know anything about the people whose names appear on the ballot paper have told me that they found it very difficult to vote intelligently, and for that reason some of them felt they would rather not vote at all. You see 245 ballot papers were sent out. That meant we had 245 paid-up members. At the Annual Meeting last year we had 278 paid-up members, and you will notice in the report that we received 125 members during the year. That tells a story. Our members are dropping out almost faster than we get them in. There should not be this lack of interest in the Provincial Association of Ontario. For this year that is coming I would like every member to interest someone else. The Chapters are doing splendid work in interesting the nurses in the centres in which the Chapters have been organized. The Alumnae Associations can do something to interest the nurses in the Provincial Association. The questions that come before us are of vast importance to the profession. For instance, the question of legislation is one upon which we must have our nurses all interested. I would like very much if our different Associations during this coming year would make legislation one of their particular studies, gather together all the knowledge possible on this question, read the Bills that have been passed in the different countries where Bills are law, and as far as you can study the results of education. They have had registration of nurses in New Zealand for over ten years. Find out what it has done for them. Make yourself conversant with all the information that you can possibly obtain regarding this question, and when the opportunity presents itself to discuss the question of legislation with someone who has an influence in the making of our laws you will be able to do it intelligently, and have some influence in directing efforts in the right direction.

There is one thing more I would like the members of this Association to have a particular interest in, and I speak now as the President of the Graduate Nurses' Association of Ontario. Every member of our Association should take a greater interest in "The Canadian Nurse." We do not support it as we ought. Some say, and the criticisms come from different directions, that our Journal is so much inferior to the "American Journal of Nursing." The American Nurses have put thousands of dollars into their Journal and a great many nurses in Canada have not put a dollar in "The Canadian Nurse." Unless we try to improve it, we cannot expect it shall be improved. These two things, education on registration lines and the support of the journal, we should keep before us during the year upon which we are entering.

Another thing I would like to mention is that, unless we put forth a special effort to get every graduate nurse in Ontario to become a member of our Association during this next year, we will not be a

body to be reckoned with and cannot wield very much influence. When we say, "We want registration," the question would naturally come, "How many of you want it?" To be able to reply, "Here is a body that comprises every graduate nurse in Ontario; we can speak with authority; this question has been taken up generally by the nurses, who realize the need of it," would be a powerful factor in securing for us the legislation we desire. If we try to keep ourselves wide awake along all these lines, our Association will accomplish more work and live up to its ideals a little more thoroughly.

Report of Delegates to the Canadian National Association of Trained Nurses.

Miss Crosby: We had hoped to be able to have the reports of the delegates to the Canadian Asociation of Trained Nurses. Perhaps Miss Dyke would tell us something about the afternoon Session.

Miss Dyke: I expected Miss McNeill would be here to report the morning session. My report should follow hers.

Miss Crosby: Perhaps it would be well to postpone the whole report. The question in the evening was entirely separate from the morning or afternoon sessions. Perhaps we might take that up now. Mrs. Pafford will give us a report.

Mrs. Pafford: As the reports of the National Association are to be published, and as every member will in all probability get a copy of the report, you will have a much better idea from that than from anything I could give you.

REPORT OF THE EVENING MEETING OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, HELD IN BERLIN, MAY 21, 1913.

The evening session opened with the subject—Four of the Phases of a "Registration Bill."

I. "The Educational Requirements for Admission into Training Schools." This paper was ably handled by Miss Scott, of New Westminster, B.C., and read by Miss McNeil, of Toronto, and the discussion following was well expressed in a concise form by Miss Kirke, of Halifax.

II. "The Appointment, Personnel and Duties of the Council" was well set forth in a paper by Miss Corbett, of Montreal, which was read by Miss DesBrisay, of Montreal.

III. "Terms of Transfer." Miss Henry, representative of the Toronto General Hospital Alumnae Association, read a paper on this phase which was written by Miss Neilson, of Toronto.

IV. "The Curriculum." This paper, written by Miss Bowman, of Portage la Prairie, and read by Miss Neelin, of Fergus, was most

interesting and the discussion following was ably handled by Miss Crosby, of Toronto.

The meeting closed after much discussion with a report of the Dominion Registration Committee.

The announcement that the next meeting would be held in Halifax, N.S., was made, the date to be settled later. Then followed resolutions expressing the appreciation of the association for the hospitality extended. A. M. PAFFARD.

Meeting adjourned, and the members and visitors were invited to remain for luncheon at the club.

The Residence, Hospital for Sick Children.
Two o'clock p.m. Friday, May 23rd, 1913.
The President, Miss Crosby, in the Chair.

THE VALUE OF A CHAPTER

Miss Deyman, Hamilton

Madame President and Ladies: The Hamilton Chapter of the Graduate Nurses' Association was started in February, 1912. At this time there was an invitation sent to eighty-two nurses. About thirty-five came, and as it was the month of February we thought it was a very good meeting. A discussion as to the advisability of organization, and as to whether the society should be a local one or a chapter, took place. The latter was decided upon, because we already had a nucleus of about thirty members to start it, and it was the thought of our President that we would have the advantage of studying local conditions and have a great organization to fall back upon. One of the results has been the co-operative spirit promoted among the members. Already a movement is on foot to organize a greater co-operative body. A programme has been pretty well adhered to with two exceptions, and the average attendance at each meeting was fifteen. We had fifty members to start with, and I am sure we have now seventy-five, possibly every nurse in Hamilton, with the exception of a few who are married and have not kept in touch with the work for some time. I think these are the only nurses residing in the city who are not members of the organization.

The Province of Ontario has more nurses than the other Provinces, consequently it is to this Province that all the other Provinces of the Dominion must look for an example. I would like to say to the representative of every city, "Go home and start a Chapter." Toronto, we know, is the centre and must do a great deal of the work, but if they are to find their great power they must find it not here but in the Chapters that will be organized all over Ontario. (Loud applause.)

Visiting Nursing, Miss Long, St. Elizabeth Visiting Nurses' Association, Toronto. Paper read by Miss Kelly.

DISTRICT NURSING.

After an experience of four years in that particular branch of nursing, known as district or visiting nursing, it has become impressed upon me that in no other branch of the profession does the nurse come so closely in contact with the seamy side of life. One gets into such absolutely close touch with one's fellow beings that not a day passes without an opportunity of presenting itself to the nurse to be of some benefit to an afflicted fellow-creature.

Perhaps it may be a mother to be helped over some crisis, a new life unfolding, or an accident case, and to the nurse is left the task of mitigating suffering, comforting a sorrowing heart, or may be helping a soul make ready for the last long journey.

The work of a District Nurse is multifarious, for often when one may anticipate a day of less activity than usual it will so happen that before nightfall every hour will be brimful of work and occupation. It is thus that an immense field of activity is opened up to the nurse if she responds generously to the varied calls made upon her.

Then again there is much to try the patience and warp the temper, for instance, often emergency calls will be sent in which, upon investigation, are found to be simply a demand for food or clothing, as in many cases sickness is quite unknown to the person sending in the call and it is thus that a nurse hurriedly responding to such a call, finds it hard to control her patience. Oftentimes there is a humorous side to district work, for example, one day a nurse in going her rounds was frantically appealed to from a doorway by an almost hysterical woman, hastily responding she found that a too frolicksome puppy had become entangled in the wheel of a sewing machine, to the woman's tearful entreaty of "Oh, dear, nurse help me," she proceeded to extricate a tiny yelping canine, none the worse for his unique experience, he gleefully wagged his tail and in puppy dialect tried to express his thanks.

Again, one travels blocks to give a prescribed treatment. The door is opened by the patient, who has acquired sufficient strength to get up and dress rather than submit to the sponge bath ordered by the doctor. But despite everything, when the working day is finished and night comes, although you may be a wee bit weary, you still can feel that your work is a ministry, and that you are not here to be ministered to, but to help God's afflicted ones and tread in the footsteps of the Master who "Healed the sick."

It is thus, that the beauty of service lies in giving freely of our services, doing with our might what our hands find to do and in the end may the "District Nurse" be worthy to have it said of her:

> "Thou hast bravely done thy part,
> Noble mind and tender heart,

Sown, that other hands might reap,
Watched, that other eyes might sleep,
And what ever cares oppressed,
Toiled, that others might have rest,
Sorrow, bore a passport free,
To thy ready charity,
Angels have recorded true,
Kindly deeds, no mortal knew."

Miss Crosby: The St. Elizabeth Association was organized four years ago in Toronto, and this paper gives us some idea of the work that is carried on by that Association. They have accomplished a very great deal.

We have looked forward for a long time to having Miss Crandall, of New York, speak to us on this very important subject—The Nurses Part in the Promotion of Public Health. It gives me great pleasure to introduce her to you this afternoon. Miss Crandall is the Executive Secretary of the National Organization for Public Health Nursing for the United States. This National Organization, I think, was organized a year ago; they have outlined great things, and we look forward with a great deal of pleasure to Miss Crandall's address.

Madame President and members of the Graduate Nurses' Association of Ontario.

I assure you I have quite as much pleasure in meeting you. I have waited a good many years to do so and have an added pleasure in coming to this home and Hospital, which are, I think, as famous in the United States as in your own Dominion.

THE NURSES' PART IN THE PROMOTION OF PUBLIC HEALTH.

It seems to me not too much to say that the relation of the nurse to the public health campaign is just as close and just as vital as that of the private duty nurse to her patient and physician. It is only an enlargement of that relation. Instead of the individual physician, patient and nurse, it is the nursing profession, the public and the medical profession. While this idea is new to some, it would be an absurdity to claim that we have any ideas about it with which you are not familiar, because, in reality, the work of public health nursing has been much better organized in England and Canada than in the United States until within the past year. Even now our effort to standardize and organize our work is so new that we have little to report. However, I shall be glad to discuss this interesting subject with you.

It is pleasant to remind ourselves in these days, when our right to call our service a profession is somewhat contested, that at least its rep-

resents one of the oldest arts known to women. In the primitive days of society, before there was any medical profession, before there were any hospitals, our mothers were caretakers of the sick members of their families as truly as they were home-makers; and their ideals tnd traditions of nursing have been handed down age after age, generation after generation. As society became somewhat more organized, we find not only the mothers, but other women, going outside their own homes to care for the sick and wounded. Later the nursing orders, such as those of St. Francis of Assisi and St. Vincent de Paul and the Beguine Sisters of Flanders came into existence and spread all over Southern and Central Europe. Still later, with the establishment of the Order of Deaconesses at Kaiserwerth, we note the first attempt to prepare women for this service by systematic training.

Since that time we have talked about the training of nurses. During the past decade this public health campaign, together with other influences, seems to have brought us to a new epoch in our development. A larger word is needed, and that is education; for a nurse, who has been thoroughly trained technically, has not received sufficient preparation to meet the demands that are being made upon her as a public health nurse.

Just a glance at the comparative development of what has been known in England and Canada as "district nursing" but as "visiting nursing" in the United States. As you well know, the Jubilee Institute in England was built upon the splendid foundation of adequate supervision. While its directors were so far-sighted and liberal as not to demand amalgamation, but provided for affiliation, of existing societies, they did establish that one common requirement of adequate supervision. This resulted in uniformity of standards and, pretty nearly, uniformity of methods, and within a very few years the affiliated societies themselves asked for amalgamation. Following this example, and growing out of it, came your own Victorian Order, built in large part on the same plan, having the stimulus of a national scope, a central government, common standards and unified aims. This stimulus the nurses in the United States have not had until last June.

The few scattered associations established earlier than 1893 struggled in their effort to maintain district nursing without that measure of success which is indicated by normal growth. Possibly this was due to the fact that their primary object was a religious or missionary one rather than a nursing enterprise. Therefore, it is not to be wondered at that in 1901 we had only 53 organizations and 156 members. However, with the development of the public health campaign, which began about a decade ago, there has been such a demand for public health nurses, that in 1909 we had not 53 but 556 organizations, and not 156 nurses, but something over 1,400; and in 1912, when we established

the National Organization we had 1,902 associations, and over 2,000 nurses.

Moreover, we had not only grown in numbers, but in varieties of activity, and herein lies the raison d'être of the term "Public Health Nurse." We have chosen it because district and visiting nursing no longer fully represent our work.

Fifty years ago it was rather generally conceded that there were only two causes of misery in the world: one was poverty and the other was drink; and practically speaking, all agreed that poverty was inevitable and drink incurable. Therefore, there was little to do but to relieve, as far as possible, the misery of each individual and pass on to the next. The development of science, however, has discovered many causes of misery, and pointed out many remedies. Consequently a public health nurse or any person interested in the great campaign of public health to-day, not only tries to relieve the suffering of the individual as far as possible, but to prevent its recurrence by removing the cause. This she undertakes to do through propaganda of education. Whereas it has always been true of the visiting nurse that she had been in large part a teacher, it is not too much to say that now teaching has become the primary object of her work—it is the keynote.

I would not be misunderstood here. I stand with the group of women who hold tenaciously to the value of clinical service: i.e., the practical demonstration of the lesson we would teach, and to the belief that mere words on the part of the visiting nurse make her only another publicity agent, and do not create and keep that exquisitely close, vital relationship with the patient and household that comes through the nursing care which she renders in that home—a care readily interpreted by the most ignorant and even suspicious people in terms of friendship.

Whereas science has pointed out many causes and many remedies, science alone, as studied in the laboratory, is of little or no value to the masses of our people. It does not increase the public intelligence except as it is translated into the simplest and plainest words. All the laboratory study in the world in connection with the composition of air will be of little value in improving living conditions, until it is made practical through application to the ventilation of the home or workshop.

Therefore, we must look for an interpreter of science. This is the most important rôle, perhaps, that the public health nurse is to play, and indeed is playing, in the public health campaign. She is an interpreter of science to her people. More than that, she is an interpreter of her people and their needs to law makers and to others of political influence. In both of these she has a tremendous opportunity and, therefore, proportionate obligation to render a national service. This fact has been appreciated by the English nurses far more than by us. The English journals of nursing contain frequent comments on current legis-

lation, favorable or adverse according to the anticipated effects of pending or recent enactments; an evidence that the nurses consider themselves as truly public servants as the legislators.

It has been most gratifying to us to have men like Dr. C. E. A. Winslow say publicly many times that the visiting nurse is the strategic point in the public health campaign. It is equally so to have Dr. Jacobi, of New York, and Dr. Welsh, of Johns Hopkins University, say to representatives of the International Congress on Hygiene and Demography, that the most distinctive service in public health which America is rendering to the world to-day is that of the visiting nurse.

If such statements from men of recognized authority representing statisticians, sanitarians, physicians and social workers are to be regarded as the index of the public's estimate of the nurse's opportunity, it is high time that we wake up to the realization of its significance.

The call is a noble one. Why have nurses not been as responsive to it and as ready to take the lead in this public health movement as their fellow laborers, the social workers?

In the first place, it must be granted that the rank and file of our women have a limited educational background compared with that of the social workers. When I say "social worker," I mean those laywomen, very largely college graduates, who have not been willing to enter the nursing profession and endure the grind of three long years, but in eight months' study, together with some little practice, have found an attractive field in what we are now calling "social service."

In making this comparison, the fact must not be overlooked that the demand for nurses in the last twenty-five years has been so increasingly great as to practically force the training schools to accept women of meager qualifications as well as those representing the real standards of the profession, while the profession of the social worker is so new that it has as yet attracted only the best prepared women.

Furthermore, in our training schools there has been a time-honored tradition that our women owe unquestioning obedience to the physician. Any other relation has been regarded as quite unethical. It is no less unethical to-day to question the physician in his practice of medicine. On the other hand, formerly the clinical examination, which the physician alone was capable of making, determined his diagnosis and treatment; now it is well recognized that the final cause of disease lies not alone within the patient, but largely in his social, economic and industrial environment. Therefore, the physician must call to his aid the social diagnostician. The exponent of this very new profession must bring to the physician expert information and advice regarding the condition in which the patient lives and works. The physician is glad and eager to receive this aid from the lay worker, yet, strange to say, one of the little contradictions growing out of his habit of thought—he

is not as ready to accept the same help from the nurse. He fears that she is going to trespass on his medical prerogatives. We have helped to build up that prejudice, and we must tactfully, courteously, patiently help to tear it down far enough to convince the physician that the nurse is a better adviser to him than the law worker, who has not had a nurse's training.

This is no depreciation of the lay social worker. They themselves are saying constantly, "We are at a disadvantage every hour of the day for the lack of your training," and some of them are urging us to provide a post-graduate course in nursing adapted to their needs. So far we have not come to any agreement regarding such a course, but it is to be hoped that we may do so in the near future.

Dr. Richard Cabot said not long ago that we would never come to a perfectly harmonious relation between the lay social worker and the nurse until the two are one. That is what we hope to see accomplished when our training schools shall have reached the point of giving credit for the social training which the lay social worker has had, and the colleges give recognition to the training which the nurse has had. Then we may have social nurses and lay social workers, each with approximately the same preparation. Naturally, the social worker's training will emphasize social aspects, and the nurse's training, health aspects. In practice the one will give primary consideration to social adjustments, the other to hygiene and sanitation.

It must be granted that the many specialized forms of public health activities in which a nurse is now engaged make a strong appeal for the reorganization of her training.

First among these is the anti-tuberculosis movement. It has blazed the trail for others of a similar character, because it pointed out so convincingly the social significanse of disease. It has long since developed into a well-organized, world-wide campaign. The public mind and conscience have become so aroused to its ravages that many municipal and state departments of health have assumed the responsibility of its control, and at least one large insurance company has developed a programme of education and prevention.

Following closely upon the tuberculosis campaign, and probably equal to it in numbers of workers, is that of school nursing. Some of our thoughtful people regard this as the most significant feature of all public health nursing for the future, because it presents the largest possibilities. It is interesting to recall that when the idea of school nursing was first suggested to the Department of Health in New York City, nothing more was thought of or desired than to detect, as early as possible, the symptoms of contagious diseases. It very soon became evident, however, that the detection of such symptoms was a mere incident in the day's work of the nurse. What was found were many forms of

physical defects; of eyes, ears and spines; adenoid growths and minor skin diseases, etc., etc. Consequently the staff grew from one to approximately 350 nurses within five years.

Naturally, intelligent, thoughtful and earnest people observing these enormous records of physical defects, raised the question: "Why wait until the child is of school age, before we begin to look for these conditions? Why let him suffer such handicap for six years?" Out of these inquiries grew infant welfare work, which in many places has become an integral part of school nursing, and in others is closely affiliated with it.

Soon, however, the workers realized they could not go far in the study and care of infants without taking into account the condition of mothers during and after pregnancy. Thus prenatal work developed, which in some cities, is an adjunct of infant welfare work, and, indeed, should never be otherwise. We are taking care of the mothers because we must, if we are going to protect the infants, which are the nation's greatest asset. In recognition of this fact, we find in Germany, England and France laws governing the suspension of labor of women immediately before and after confinement and providing pensions, or their equivalent, during that period.

Industrial welfare work is growing in favor as it becomes more a business and less a philanthropy, a new note which has been clearly set forth in the statement of the Welfare Department of the National Civic Federation. The Federation has also declared quite recently that nurses are the most effective welfare workers. The latest innovation in this field is that one of New York's largest hotels has employed a nurse to care for the well-being of its employees.

Hospital social service has grown so fast that it is impossible to meet the demand for workers. This is not surprising for it has a distinctly humanizing influence on the institution, which makes a strong appeal to the public. As a superintendent of a training school and hospital for many years, I should resent in a moment any suggestion that our institutions were not formerly humane in the care of their patients; but I am sure you will agree with me that it does make a difference in the atmosphere of our wards whether we speak of a patient as a "case," or whether we say: "Mr. Smith, whose family lives in a dark basement at 25 Brown street, has been engaged in delivering ice. He is suffering from inflammatory rheumatism, and whatever the cause it is surely inadvisable for him to return to his former home or occupation. Therefore, while he is recovering, we shall try to secure other quarters and employment for him."

Hospital social service regards the patient not as an isolated individual in a hospital ward, but it sees him as a member of society; it

places him in his relation to his family. In other words, it helps us to understand that the family and not the individual is the social unit. Here lies the line of cleavage that has so long divided the nurse from the social unit. We are only beginning to realize that we cannot detach and treat one member of a family, even when his recovery depends on his getting proper food, properly prepared, on adequate light and ventilation, and on an occupation in keeping with his physical powers. He is the primary object of our care, but his family problem (for there is almost sure to be one) must also be cured; and sometimes it is difficult to reconcile the two.

The hospitals are saying, "Why should we render this expensive service to the patient for two or three weeks or more, and then send him back to the same conditions that have produced his disease and will produce it again? Isn't it economy to remove the cause while mending the effect?" Hospital social service seems to have come in answer to pertinent question. It is inevitable; it cannot be stayed; and it is reasonable to believe that it will eventually effect a considerable reorganization of our hospitals and dispensaries.

Dr. Edward T. Devine, in his book, "Misery and Its Causes," says that nearly 75 per cent. of the cases of poverty have their origin in illness. If this be true, how closely is the work of the health and the relief agent allied! The nurse is the logical medical relief agent, because of her nurse training. On the other hand, the trained relief agent of to-day has a background of scientific constructive relief. Both are essential to effective work. The nurse has carried the traditions of the hospital into the home. She has seen the sick person suffering for want of food, and she has not inquired whether a derelict father might be compelled to provide it; but she has asked the relief agency to do so. Invariably she has been told: "We shall not give relief until we are sure the family cannot provide for themselves." That is to say, the passing physical need of an individual must not supersede the permanent social good of the family. It is true that the nurse must be trained in social science and relief; on the other hand, we hope the relief agent may come to understand that he is making a mistake when, for instance, he fails to recognize that he is adding another dependent to the already overwhelming number by refusing, because some member of the family is on a strike, to give milk to a child suffering from inflammatory rheumatism. There are indications that point to the development of medical departments of charity organization societies to which may be referred all problems involving medical care. Such a plan could not fail to add great value to the present system.

Dr. Winslow and others say that women make better sanitary inspectors of houses than men, and nurses are better than other women, because of their general training. Sanitary inspection, as such, is as

yet a new activity of the public health nurse in cities and large towns. It is, however, as much a part of her work in villages and rural districts as the actual nursing care. In the latter communities she must be a sanitary inspector, since there is usually no other. She visits many families whose barns are on higher ground than the house and the drainage runs directly toward the well. Screened privy vaults are quite unknown in many localities and the production of clean milk is only necessary for market. Of its value to his own family the average farmer has yet to be convinced.

In striking contrast to all of these highly specialized activities, a unique law has just been passed in New York State, although it has not gone into effect. Governor Sulzer, acting upon the recommendations of prominent health and social workers, appointed a special commission to study the problem of public health for the State. Miss Nutting was the only woman placed on that commission, and it was to her vision and practical sense combined that the State has written upon its statutes an act whereby every city, county, village or town may employ trained nurses for infant welfare, school, tuberculosis and to visit the sick. The service of these women will not be confined to care of tuberculosis patients, nor infants, nor school children, nor any special group of people, which, up to this time, may have been cared for at public expense, but will be free to all sick people. This act has been greatly strengthened by the addition of a Bureau of Public Health Nursing to the State Department of Health. The significance of this new law cannot be fully realized, but it points to public care of all sick persons wherever needed.

In addition to and as an inseparable part of all these activities there is another national service remaining for nurses to render. It is the gathering and recording of vital statistics. Up to this time the nurses have groaned when records were mentioned, and I do not blame them, for we have gathered such useless records. For example, we have invariably reported the occupation of our patient, but we have not indicated how many hours he worked and whether by day or night, whereas in either or both of these facts, rather than in the occupation itself, may lie the secret of his condition. Now, however, not only statisticians, but sanitarians, physicians and social workers are calling upon nurses to aid in this most fundamental basis of all effective service to society.

It is reasonable that they should do so, because it is a well-known fact that nurses hold a unique relation in the homes. The friendship and confidence of the people are theirs. Therefore, they can gather truthful information almost without questions, and often without the consciousness of their patient or his family. If nurses will rise to this great opportunity to serve the present and the future, they will tremendously dignify their work.

If, as we have already pointed out, nurses are, and are to be, the "strategic object" in all these big movements toward better standards of personal and public health; and if our training and its traditions have rather hindered than helped us to meet them, how are we going to prepare ourselves for this great new field of labor?

Our training schools have developed a splendid technique. We have just reason to be proud of them, and up to the past decade they have practically fulfilled their requirements, but with the demand for public health nurses, a new obligation has arisen. It would be unreasonable, with present provisions in our training schools to ask the superintendents to provide a thorough training in this branch of nursing which would require the students to work outside the wards of the hospital. The training schools are under the control of and maintained by the hospitals to which they are attached. The latter, almost without exception, are hard pressed to meet their financial burdens. They depend on the free labor of the students to nurse their patients. If asked by the superintendents of the training schools to provide board and room for several extra students each year, who wished to specialize in public health work, the hospital management would, in nearly every instance, refuse to do so because of the additional expense. On the other hand, if the training school superintendent is permitted to detail to practice in district nursing a given number from her regular quota of students—and this is done in a number of schools—one inevitable result follows.

The standard of work in the hospital wards is lowered in direct proportion to the reduction in the number of workers. Admitting, as we must, though with sorrow, that the best of training schools cannot boast of altogether desirable standards, and that most of them are deplorably below a thoroughly creditable rating, it is manifestly undesirable to further depreciate their credit, either by affording less care to the patients or by requiring more work of those already overworked nurses who remain within the hospital. It is perfectly apparent, therefore, that we cannot hope to prepare nurses for public health service during their term of training until it becomes possible to completely reorganize our training schools on the basis of an educational institution, in which the education of the student can and shall have first consideration. This can only be realized when the hospitals pay for nursing care as they do for all other services pertaining to the maintenence of the institution—and this dream will not be realized till the public has been sufficiently convinced of its importance to grant the enormously increased cost of maintenance of its institutions for the care of the sick.

Such a revolution is bound to come slowly, but when it does arrive, it is to be hoped that we shall so enlarge our curricula as to allow students to specialize in their senior year and receive a diploma represent-

ing the special branch which they have elected, such as administration of hospitals, of training schools, teaching, or public health nursing.

We must, therefore, look to post-graduate schools to meet, even in some small measure, the present need. There are now in the United States four such courses in public health nursing. The most complete one is that offered by the Department of Nursing and Health at Teachers' College, Columbia University, which was endowed by Mrs. Helen Hartley Jenkins in 1910. The others are provided by the Visiting Nurse Associations of Cleveland, Boston and Philadelphia. In each instance the association has most wisely affiliated with either a local university or school of philanthropy, and has thereby insured a suitable balance in the technical, social and educational aspects of the course presented. This association, with the higher institutions of learning augurs well for the future. It gives promise of the realization of our hope that ultimately nurses may receive the more liberal education which they so much need.

Some of the studies pursued at Teachers' College, in addition to the more technical ones, are the elements of psychlogy, sociology and economics, food economics and nutrition, municipal sanitation, the basis of social legislation (which deals largely with vital statistics), the principles and methods of constructive relief. The students have opportunity for observation and practice in the districts of the Henry Street Settlement and of the Charity Organization Society and of the Department of Health.

It is the purpose of the National Organization for Public Health Nursing to encourage the establishment of a limited number of carefully distributed post-graduate schools. It also plans to extend its educational influence through the circulation of its publication, called "The Public Health Nurse Quarterly," and the occasional free distribution of bulletins. The latter will generally furnish the nurses in the field with information on technical subjects which they need for educational use in the homes in more simple form than can be derived from text-books.

The organization has adopted standards for individual and corporate membersship which are as follows:—

Any nurse is eligible for individual active membership who is:—

a. A graduate of a hospital of recognized standing, having not less than 50 beds at the time of graduation, and giving at least a two years' course in general medical and surgical training, including obstetrics.

b. Actively engaged in public health nursing at the time of applying for membership.

c. A registered nurse, if nursing in States where registration obtains.

d. A member of the American Nurses' Association, which she may become by virtue of membership either in her State, hospital alumnae, county, or other local association, providing it is itself a member of the American Nurses' Associaton.

Any assocation is eligible for corporate membership if—

a. Seventy-five per cent. of its nurses are eligible for individual active membership, according to the above regulations and on condition that—

b. One hundred per cent. shall become so within five years after June, 1912.

Up to this time we have had no recognized standards in the United States, but now the National Organization for Public Health Nursing, the Red Cross Enrollment and the Red Cross Rural Nursing Service, all national bodies, have adopted the foregoing requirements.

The Organization hopes also to improve the standards of work by the provision of adequate supervision, by encouraging the adoption of the fee system in place of free service, by the development and adoption of uniform record blanks, and by the furtherance of all means of effective co-operation.

It hopes to become a successful interpreter of public health nursing to the general public. Nurses have rarely recognized the importance of taking the laity into their confidence. They have rather assumed that theirs was a service in which only the elect might enroll. The National Organization is proud of the fact that it has provided for associate membership as follows:—

> "Any individual not a nurse, or any nurse not actively engaged in public health nursing, or any nurse not eligible for individual membership shall be eligible for associate membership, which shall entitle them to the full privileges of speech and discussion at the meeting and to the receipt of any literature which may be disseminated. They shall, however, have no vote."

There are at present approximately 150 associate members. While the nurse members are busy with their work of serving the sick poor in their homes and teaching them better laws of health and hygiene, the lay members are rendering an equally important service to the people of their status by setting forth their obligation to defend the highest standards of nursing for rich and poor alike, to care for the sick poor in their homes as well as in hospitals, and ultimately to provide adequate care for all sick dependents at public expense.

The organization has for its insignia a medal which is the gift of the Visiting Nurse Association of Cleveland, O. A great desre of our lamented Isabel Hampton Robb has been realized in that it has now become a national emblem of honorable standards for public health nursing. Its inscription reads:—"When the desire cometh it is a tree

of life." This seems to adequately express the ideal of a visiting nurse; for surely the end and aim of all her work is to plant in the hearts and the homes of her people the desire for better standards of living, knowing that out of that desire shall come the fruits of her labor.

Miss Crosby: After this masterly presentation of this subject I am sure a very great many will have thought of questions they would like to ask the speaker. An opportunity will be given to do so. The subject is too important to be passed over lightly. I will ask Miss Dyke to lead in the discussion.

Miss Dyke: Madame President, I think Miss Crandall has crystallized in words every vague thought and hope we ever had about Public Health Nursing and the training of Health Nurses. She answered the questions that I wanted to ask. All the questions that have been bothering me have been answered this afternoon. If we could only accomplish all that she demands of us, I think we would meet the need that is presenting itself.

In speaking of Health Nurses I thought of some of the demands that are made on them, many of which we are not ready for. There seems to be absolutely no opposition to Health Nurses here. They have never taken us on the basis of charity nurses; they have demanded us as their right. The School Nurses are accepted as friends and depended upon. In the Health Department we have some very strange requests. The police will come to inform us that they have found a sick man or woman and expect a nurse will be sent at once. The Children's Court come to us for some report which they think we should secure for them. The doctors come to us with a request that may seem strange. They will say to the mother with her first child that she is to ask the nurses to please instruct her. A doctor said a mother wanted to know how to wash her baby and he would like a nurse to see it was done properly. (Laughter.) The patients never for a moment think it is done for charity. They think it is their right to ask it. The sanitary inspectors come in and say, "There is an old lady who does not seem very well, living in a basement. Do you think that is right?" Of course, it is not right. Our Health Officer is demanding that trained nurses shall qualify as sanitary inspectors. We hear remarks about wanting factory inspectors amongst the nurses. Miss Rogers, representing the School Nurses, and myself, of the Health Department Nurses, have been asked to become members of the Executive of the Social Workers' Club. We are asked to do work we should do, but we are not trained to do it.

In speaking of the opportunity that the nurse has to take instruction into the homes in a definite intensive way, I thought Miss Crandall must have known something of the experiences of our Department. We

have come to depend so largely on the instruction of the nurse that the Health Officer seems to think we neglect his literature entirely. We feel we are more powerful than his literature.

The medical adviser of the Conservation Committee at Ottawa came to the Health Department and demanded data on immigration. We were able to grant his request. One of the professors came from the University and demanded that we give his students data on housing. We are getting ready for it as fast as we can.

While waiting for the time when a nurse can specialize in a training school, and for the still later date when a relief officer, a nurse and a social worker will be one, I would like Miss Crandall to say what would be the first step to take in making the nurses realize the demands that are being made on them, and how to meet that demand and that obligation.

Miss Crandall: It is hard to say what ought to be the first step, but I believe that we can persistently get this subject of public health nursing before the minds of our student nurses while they are students. Let each alumnae ask their superintendents to present a course of six, eight or ten lectures during the course of the senior year, or possibly earlier, in the probation period and the early senior days, dealing with these aspects. Let that student nurse, before she actually begins the work of the wards, go out with a visiting nurse. If you have your preliminary course, you can let her have a few days in the district. Not because she is going to do one stroke of work, but because she is going to get a vision of that patient as she meets him later in the ward in his relation to his home and family. It gives her a new idea as she enters the ward. It gives her concrete knowledge that there is public health nursing to be done. It helps to formulate her decision as to what she wants to be, and as she chooses to be a public health nurse she will herself select the courses of lectures that she may find in the city or elsewhere. She will select her reading, tending toward those subjects and it will make her an intelligent person in her selections when she is through.

Miss Butchart: In connection with the infant welfare work and the pre-natal work, is it one of the duties of the school nurse, or it is in a section by itself?

Miss Crandall: So far as I know it has not been done distinctly as a part of the school nursing.

The moment we are dealing strictly with the infant welfare problem we are dealing with the pre-natal work.

There is a decided tendency in the judgment of some of us to an over-specialization of our work.

I must admit that in our good City of Boston there was a time when they talked of "well" nurses and "sick" nurses. (Laughter.) It

seemed there was a great danger of our duplication, overlapping one another, and the time may come when the nurse, being adequately prepared for public health nursing, will be considered capable of looking after the work of tuberculosis, infant welfare, hospital social service, and so on. It is a different thing to specializing in medicine. Granted that a nurse has had a thoroughly good technical training in a general hospital, and eight months of solid study in these special subjects, she ought to be able to do equally good work in these different varieties. If that be done, it would be possible to place a single nurse in a very small district, instead of three, four or five nurses in a very large district, and the amount of time now spent on transportation would be eliminated and she could spend that time in solid nursing. She will also eliminate her car fare expense. More than that, she will not have her influence in the district damaged by the counter influence of three or four other nurses. Those women may know each other, be trained in the same school, and be working in very close co-operation, but their advice will differ a little bit here and there, and the poor, ignorant family will not know whom to believe, and the mother will go her own way and get her advice from her neighbor or grandmother. (Laughter.) Then, too, she gets into that small district every day, and she becomes acquainted with the well people in addition to the sick, and she becomes a social, economic, industrial, moral and spiritual force to the sick and well alike. I am quite frank in admitting that there are very few of my sister nurses in the States who agree with that.

But, after all, we have a great big economic responsibility, because it is going to be a long time before we can educate the public to take care of these needs by taxation, and until that be done we must look to our philanthropists for our help to do it.

I realize that I have not said a single word about record keeping. I don't know whether you groan over the thought as the nurses do in the States. The fact is, if there is any one great big public service that the nurses in the United States have to render to their country it is record gathering and reporting. Up to this time the nurses have groaned, and I don't blame them, we had such useless record forms. We have invariably reported the occupation, but we have not reported how many hours of the day the patient was occupied, whether by day or night, whether in a poisonous atmosphere, and so on. The nurse has a unique position in the home. She can get facts almost without the questions, and items that are given unconsciously on the part of the patient. Anybody else must get them with an apology or excuse. It means more in the United States than it does to you, because I must admit that the vital statistics of the United States rank only with those of China—they are so thoroughly bad. Only about fifty-four per cent.

of the area of our land has statistics that our Government could recognize. So every body of workers is crying from the housetops for vital statistics. We see our nurses have a realm indeed in the gathering of vital statistics, and one of the first undertakings of this National Organization has been to draft cards for every school, the Hospital Social Service, etc. That is one of the first things we have undertaken. We hope to have forms that the various organizations can use, so that the organizations a year hence may have something definite and uniform that will satisfy the statisticians.

Miss Eastwood: Is it your idea that all these different branches of nursing should be under the head of the Municipality of Public Health? For instance, you have mentioned child welfare, the milk stations, the pre-natal nursing, the school nursing and the tuberculosis work. Of course, there is an immense lot beside that. Is the plan you have that all these should be supported by the municipality?

Miss Crandall: The Municipality or the State. We feel that the function of the private charity is that of a demonstrator. They must first prove that a certain course is a public duty, and therefore must provide for its funds, and as soon as that has been proved let the Municipality, the State or the Federal Government take it over and do it at its own expense. That is what we believe all private charities or philanthropies have been tending towards. School nursing began as a private organization, and as soon as the city was convinced that it was a right thing to do, the city took it over.

Miss Eastwood: Then you couldn't have a national scheme of any kind?

Miss Crandall: There will always be a national scheme, passing on new experiments. I don't think the time will come, even in the Millenium, when there won't be occasion for the private philanthropist to lead the way. It will be the few, thinking, earnest people, looking out for the need of the brother and sister, that will be pointing the great soulless, we might say, Government Body to the need of the great masses.

May I say one word more of congratulation to the Ontario nurses in that Miss Dyke's report of the work would indicate you had already won your full recognition. I wish I could say as much for our nurses. I hope the day will come with us, too. (Applause.)

Miss Crosby: I don't know how to express our gratitude to Miss Crandall for her very masterly and illuminating address on this very important subject. I am sure I voice the feelings of everyone present when I say that we have been delighted with it and have had a new outlook on this great work presented to us, and we will not soon digest

all that she has said. We are exceedingly grateful to her for her address this afternoon. (Applause.)

Miss Crosby—We have another paper on "Co-operation," to be given by Miss Smith, the Chairman of the Hamilton Chapter. The subject has been engaging the attention of the Hamilton nurses for some time.

CO-OPERATION.

Helen N. W. Smith, Hamilton.

Let us, first, look at the meaning of the word "co-operation," "co," meaning "together" or "with," and "opus," "work"—"to work with." The explanation given in the dictionary for this word is—"to act jointly with another or others to the same end." It is good team work that is needed. We all realize this in the world of sport. It is not the best pitcher, or the best catcher, or even the best runner, that wins the game, although each man's ability is a strong asset, but it is the whole team working together and the best man on the team is the one who not only does his own part well but who can best co-operate with the next man. Co-operation in business is seen on every side: the large mergers that are being formed, joining gigantic forces together; the labor unions of various kinds, giving the once down-trodden laboring man a voice in his own affairs; the numerous clubs and associations among bankers and financiers, manufacturers and agriculturists are the results. Denmark is a splendid example of a co-operative nation. Within the last half century it has raised itself from a poor country to the position it now occupies, that of the wealthiest country per capita in the world. By a system of co-operation among the cattle-farmers, agriculturists and fruit-growers, doing away with the middle-man, and dividing the profits fairly, they have raised the ratio of wealth per capita of the whole nation from one of poverty to one of plenty.

Business methods are the most practical possible, they pay in every sense of the term or they would not gain a foothold in the business man's mind. If co-operation is the watchword of the business world to-day, would it not be well to develop it more in other fields of activity? In the nursing world we are, I believe, just beginning to realize the benefits derived from co-operation among ourselves and with the medical profession with which we must always be so closely allied in our work.

Nurses may be divided, roughly, into three classes: Instructors, superintendents, assistant superintendents, head nurses, etc., of our hospitals, and we hope at a not too far distant date to include professors in our colleges in this class; secondly, those engaged in private duty; and thirdly, those engaged in public health nursing.

The first class, that of instructors, probably co-operate with one

another to a great extent and also with private duty nurses, for they of necessity must come in contact with one another, but how about co-operating with the third class, the public health nurses? If the hospital is fortunate enough to have a special social service worker to do follow-up work, close co-operation may be established, but if there is no such worker, does the superintendent see that a list of the patients dismissed from the wards of the hospital is sent regularly to the tuberculosis nurse, to the infant welfare nurse, and to the general district nurse, so that these nurses in their various fields can carry on the curative and preventive work that perhaps has only been begun in the hospital? Would it not be a saving of time, even, at times, a saving of life, if this rule were followed? Again, how many of our superintendents are making any attempt to give their pupil nurses training in social service work, in spite of the fact that the number of graduate nurses engaged in public health work is steadily increasing? In fact I have known superintendents of nurses, when approached on the subject, in cities where various branches of social service work were well established, to refuse to even countenance the thought of taking advantage of this additional training for their nurses, giving as an excuse lack of time and in other cases insinuating that there was no need for such a training, that the nursing course as it now stands was quite sufficient preparation for dealing with the problems of public health nursing. Cannot the superintendents do something to improve these conditions?

The second class of nurses, those doing private duty work, I think you will all acknowledge are poor co-operators, probably, simply because they can, in their work, get along without much assistance from outside sources. They are shut up with the family in which they are nursing, more or less, for long periods at a time, but does this excuse the absence of their names in the list of officers in our alumnae and other associations, their absence in the programmes of meetings? I heard the programme of this present convention criticized because there was so little of help to the private duty nurse and I wondered at the time if several of that class had not been asked and had absolutely refused to open their mouths. Private nurses will not tell of their interesting cases, of the idiosyncracies of various diseases, and of new methods of nursing employed that they have come in contact with, in public, at least that has been my experience, and yet are we not all working for the "same end" and why should we not act "jointly"?

The third class of nurses, those doing public health work, I believe as a whole do more co-operative work than the first two, for the simple reason that they have to. Necessity is the mother of more than invention sometimes. Almost at the beginning of one's social service career one feels the absurdity of working alone and the crying need of assist-

ance from other associations in the community that are doing welfare work of whatever kind. But there is still room for improvement and expansion along co-operative lines in this class of workers.

No matter what kind of work we are engaged in we should as nurses be protectors of the public health. In The Canadian Nurse of April there is an article by Miss Goodrich on "The Need of Orientation" in which she says, "I cannot see the nurse, wherever she is found, other than a public health servant, in the private house, a resident agent for the prevention as much as the remedying of disease, and one whose opportunities for social service are as unlimited as those of her sister the visiting nurse, and I contend that every nurse to be an efficient agent in the conservation of that great national resource, the public health, and to intelligently co-operate with the medical profession, should have a broad and general education."

This broad and liberal education is one of the first essentials neeessary, then, for efficient co-operation; an education not only in the fundamentals of general knowledge, but in the details of our profession. We must know the most modern methods of nursing in the treatments of diseases. We must know of the existence of various hospitals, dispensaries and public health agencies, know also of their objects and plan of work and each class of nurses can learn from the other and from each other of the same class if we can only have what I would consider the second essential point, namely, publicity—publicity from institutional nurses, from private duty and public health nurses. Advertise your work, for how can we obtain this education if those having the knowledge do not spread it abroad. Let us hear of the new things in our classes, in our alumnae and association meetings. This brings to the third essential, we must "get together" for combining of forces, for mutual benefit and planning of future work, and these "getting together" meetings should include more than nurses; they should combine individuals, societies, churches and all other organizations, municipal and otherwise, interested in community work, for no one person or agency is adequate to deal with the whole problem that comes within the range of the social worker, and that worker who shuts herself up with her own specialty is losing hold of the situation as well as cutting others off from the most valuable source of information, for even more than the doctor, a nurse can open the way for assistance other than what she herself can bring and the case conferences that these "getting together" meetings are sure to bring are sometimes far-reaching and wonderful in their effects.

For the first two essentials, education and publicity, especially among the third class of workers—the public health nurses—we surely must have some system giving a bureau of information and confidential exchange available to all, for the conservation of the time, labor and

energy of the workers, with some central office where a complete record of all case work can be efficiently kept, if not in detail, at least as to assist the organizations interested. These records should be in charge of a competent staff working under a governing body, which should be formed by representatives from each society or organization in the community working for the common good.

Various schemes for closer co-operation are being worked out in several cities, each community knowing what best suits its particular needs. The city of Providence has a splendidly organized Nurses' Association, under which work all visiting nurses except school nurses and to which are sent pupil nurses from the hospitals for speciol training in social service work. The Association has divided the city into large districts and in each of these they have four services of nursing: children's, tuberculosis, general nursing and dietetics, thus saving a great deal of time in covering distances and avoiding overlapping of work. Each district is in charge of a head nurse and through these head nurses the whole association co-operates with the hospitals, dispensaries, fresh air and convalescent homes, licensed homes for babies, crêches, Settlement Houses and municipal Boards of Health and relief officers. Toronto, I believe, has apopinted a Social Service Commission to look into this matter of closer co-operation between various associations and decide upon some definite course. Toronto also has its Social Workers' Club with case conferences combining workers both medical and otherwise. Winnipeg has a Confidential Exchange, of the plan sent out by the Russell Sage Foundation of New York. We will hope in the near future to see many Canadian cities so organizing their social workers. But if these schemes of co-operation are to be thoroughly successful we must, as nurses, individually and collectively support and make use of them, for the branches of social work are merely in their infancy in our country. School inspection, tuberculosis, infant welfare and general district nursing are well established, but what about factory inspection, housing and food inspection, sanitary inspection and assisting in the control of communicable and industrial diseases, in the collecting of vital statistics, and in the establishing of sanitary legislation.

With such vast fields yet untouched does it not behoove us as members of the same profession to "act jointly with one another to the same end."

Miss Crosby—While there is no provision made on the programme for any discussion we can easily allow a few minutes, and will be glad of any remarks that may be made. I hope you will feel free to express your views, ask questions or make suggestions of any sort.

Miss Crandall—Will I be pardoned for taking another minute? I cannot resist when it comes to the question of co-operation. If I have one hobby bigger than another it is that. It is the thing we have got

to do, and we cannot co-operate with other agencies until we learn to co-operate with ourselves. In order to try this out, we have taken a little bit of a district, three blocks by twelve, in New York City, and we have found in that territory eleven different agencies at work and not a particle of co-operation among them until we got them together, and even now we cannot get them all together once a week. We are trying to find out where we are duplicating and overlapping, and whether patients are getting help from half a dozen sources, and when we have got our problem worked out we are going to ask the relief agencies, the churches and others to co-operate with us.

Miss Dyke—Miss Crandall says co-operation is her hobby. I think every public health nurse is compelled to take an interest in it. We are working out in Toronto a practical plan. I don't know what is going to be the outcome. There are three district conferences organized. The University Settlement holds the meeting for the west, the Fred Victor Mission for the centre, and in the east the Evangelia Settlement. At these conferences the Vice-Chairman and Secretary are the only officers and they are representative of the different interests in the neighborhood. The officers are never chosen from the organization that have given the room. I have seen at those conferences all denominations and all forms of social work, and all discussing one individual case. One case had been discussed in a district conference with a man who was not supporting his family, and his wife was getting help from all the neighborhood, the children not helping. Presently the family was reported on account of measles, so the contagious nurse visited them, and on the heels of that came a letter from the editor of one of the papers asking for our report on the case. We telephoned to the curate and asked him to give the District Conference Report. I telephoned to two agencies and got their report and sent them on to this editor. The history of this family demonstrated the need of charity organization in the city. After six weeks of very difficult work the case was closed as far as any such case could be by the man moving to an Ontario town where he was employed at the work for which he was best adapted and where two of the children could work. The mother had it very clearly pointed out that it was not to the interest of the children that they should be getting help from any source but a father or brothers. Our part was very small, but we were present at the discussions and helped the other social workers. We knew we could handle that case without them.

Miss Rogers—We have here in Toronto two large municipal bodies of social service nurses—the nurses in the Health Department and the nurses on the Board of Education. We have very hearty co-operation. I don't know of any city where there is more hearty co-operation than we have in Toronto, but there is another difficulty ahead of us. There

is the Department of Health and the Department of Education to be considered in the future. The Department of Health are altering their constitutions to some extent. Originally their charters claimed that they were to look after the contagious diseases. Now they are branching out and taking over the work that is not contagious. The Board of Education, on the other hand, is enlarging its scope, and it is not only teaching, but it is branching out and going to do social service work as well. I would like to ask Miss Crandall for an opinion. While we get along very well here, because Miss Dyke and I are very agreeable towards each other. If we were both of a more fighting nature I don't know what would happen. (Laughter.)

Miss Crandall—To be very candid, I don't think it is safe to venture an opinion. I know exactly where the contention stands. I have friends on my own side, and I cannot this minute say where it is coming out. I have one word to say. It is not worth anything in comparison with Miss Rogers, who has had a much larger and closer contact with the school nursing problem. It seems to me there is something to be said in favor of the Department of Health dealing with the sickness of a school child. While it means a division of authority, yet a child, if sick, needs care twenty-four hours of the day, and the Department of Education has the child really under its direction only about five hours in the day and five days in the week for about eight or nine months in the year. That is the only definite judgment I have come to, and as I say I do not consider it is worth anything in view of the fact that much more experienced people than myself are debating the question. I am watching it with the keenest interest and haven't the ghost of an idea where it is coming out.

Miss Rogers—Last year I outlined a plan, saying that I thought if a public health nurse were given a small district, and she had charge of the school in that district, and had charge of all the families there, she would know the families from beginning to end. Since then I was obliged to change my opinion, because one of the first questions Miss Dyke asked me threw me right out of line. She said: "What are you going to do with the contagious diseases?" I have come to the conclusion there is no way out of this question except by co-operation—not to have too many agencies.

Miss Crandall—What about the new theories that are coming from our Municipal Research Laboratories, that contagious diseases, after all, are not so contagious. (Laughter.) It is only a matter of public opinion. In other words, that the desquamation period in scarlet fever does not represent contagion, that it takes place before the desquamation begins. In Providence Dr. Chapman has so convinced his city that he is right about that that they have allowed him to build the Municipal Contagious Hospital and a Tuberculosis Hospital together, and diph-

theria, measles, chickenpox and scarlet fever are all on one floor, the doors are open and the patients talk to another across the hall. The nurse changes her clothes. Outside the door is a pail of bichloride solution. She puts on her cap and gown, washes her hands in the running water and rinces them in the antiseptic solution. Up to the present time the record of the hospital is much lower than any of the hospitals where special nurses are kept. In the European hospitals they have the various diseases cared for in the same ward, with only screens between, and scientists are telling us very positively that microbes would not fly higher than six feet. We really believe that we will finally convince the public that a nurse won't carry contagious diseases from one place to another any more than a doctor does, and all these years doctors have been visiting such patients without any question. (Applause.) I believe the school-house will be the health centre as well as the educational centre. The nurse will have a little bit of a district to take care of, a number of children she can follow to their homes. That is the thing for which we can and should work. (Applause.)

Miss Dyke—I have told Miss Rogers every little while that the loose things were pulling together for her to take over. Unless there is a big change in the attitude of the public, I think she will have to come under the Board of Health in order to do that.

Mrs. Paffard—Are there any public meetings where people could attend and hear the work that is being done on the social service and schools? Nurses get so little opportunity to hear what is being accomplished along these lines.

Miss Smith—Why doesn't Toronto have a Chapter and discuss all these matters at that Chapter? (Applause.)

Miss Dyke—Our nurses in the Health Department are not a very large body. We did meet the other day and decided to organize a Public Health Nurses' Association, and the Committee is to discuss the question as to whether the meetings are to be public.

Miss Crosby—In Toronto the nurses have at different times planned lectures, but the difficulty has been to get the nurses to come to them. We hope that after to-day we won't have any such difficulty in the future.

THE CANADIAN NURSE

Mr. J. A. Gibson, of the staff of The Canadian Nurse Publishing Company:—

President and members of the Graduate Nurses' Association of Ontario.—I am glad to be here this afternoon on behalf of The Canadian Nurse. My chief object is to put before you reasons why you should subscribe to and support The Canadian Nurse. This paper is the

only paper of its kind published in Canada. We want to make it an outstanding paper in this country within a few years. The only way we can do that is by having your support. We know the paper is probably not up to the mark, not perfect by any means, and are always willing to accept suggestions from anyone willing to send them. Miss Crosby, as Editor of the paper, has a free hand in the editorial department. That is something very rarely allowed in the publishing business in Canada or in the United States. It is the only paper of its kind where that is permissible.

We only have at the present time about 1,600 subscribers. We ought to have more. The advertising pays for the paper. The other day I lost an order on account of ours not having a larger circulation. It was one of the largest firms of its kind on the North American continent. They laughed when I told them what the circulation was.

You can help this paper by mentioning it when you answer an advertisement. When I was travelling through Western Canada I had several suggestions made as to how we could improve the paper. These suggestions were made by Superintendents of the various hospitals. One said, "You are representing ancient history." We had, previous to that, published an article that had been slow in getting to us; it was no fault of ours, Miss Crosby had written several times about it.

Everybody wants to know, "Why should I spend a dollar? It is only a small matter." But I can prove that a dollar is well spent in subscribing for this journal. It is the only paper of its kind in Canada, and it is the organ of all the graduate nurses' associations in the country. No matter how brilliant a person may be it is always possible to learn a little. I know this magazine will keep you in touch with one another. When the nurses are leaving the profession and going into some other business, amalgamating with doctors or something like that, a paper would be a great benefit. It costs you eight and a half cents a month. If we had 90 per cent. of the Canadian nurses on our list we could make it a much larger paper than it is to-day. That is the only way to improve it. It is not so much getting the dollar as having a large number of subscribers and being able to say we have so many on our list. I feel it is essential that all papers should have the support of the field which they are covering, and there is no reason why the paper should not be an outstanding paper in a few years.

We could afford more money for paid articles by having your subscriptions and getting increased advertising. I find it difficult to solicit for a paper that has not a large circulation. Two years ago I was in Montreal. I went to the Victoria Hospital one noon hour and got quite a large support there—twelve subscriptions in that hour—and I met with the same success that year all through Western Canada. Some of them complained about it being too much of a local paper, yet they sub-

scribed with the hope that it would become national. I noticed in the last issue of the paper that it is really a national paper, and if it lacks in that it is the fault of the subscribers and correspondents throughout the country.

I was talking to a graduate nurse not long ago. She said possibly the paper was no good. She could not see anything in it. She didn't say why it wasn't any good. If you were to go to Edison and tell him that some of his modern inventions were no good, he might say something. But if you were to tell him one little thing that was the matter and would improve his invention he would probably appreciate your criticism. (Applause.)

The meeting then adjourned. Members and visitors were invited to take the special cars and pay a visit to the Forest School in old Victoria Park. Here there are one hundred children in charge of three teachers and a nurse, all living and working in the open. The visitors expressed pleasure in seeing this very practical health work that had been inaugurated by the Board of Education of Toronto.

After tea, all wended their way to the car, which took them back to The Residence, Hospital for Sick Children, for the evening session.

The Residence, Hospital for Sick Children, May 23rd, 1913.

Eight o'clock p.m.

Reports of Delegates to the Canadian National Association of Trained Nurses.

Miss McNeill gave a short account of the morning session, and Miss Dyke a short account of the afternoon session.

(A report of the sessions of the Canadian National Association of Trained Nurses will appear in August.)

Miss Crosby—This gives you some idea of the work done and the two splendid papers given, but a full report of the meetings will be printed, so you will be able to read the full account for yourselves.

We have the honour of having with us this evening the Chief Medical Officer for Ontario, Dr. J. W. S. McCullough, who is to speak on "What the Nurse Can Do for Public Health," and will present this subject from his point of view. We had it this afternoon from a nurse's point of view. I have much pleasure in introducing Dr. McCullough. (Applause.)

Dr. McCullough—Madame President, ladies and gentlemen:—

It is a very great pleasure indeed to meet with you all here this evening, though I must confess I am rather overwhelmed by the make-up of the gathering, and the fact that there is only one lone man to support me. However, I have to look on the other side for the good support of Miss Crosby, and I am sure she will not fail me.

I am sorry I did not have the pleasure of hearing the address de-

(*Continued on page* 475.)

THE AUGUST NUMBER.

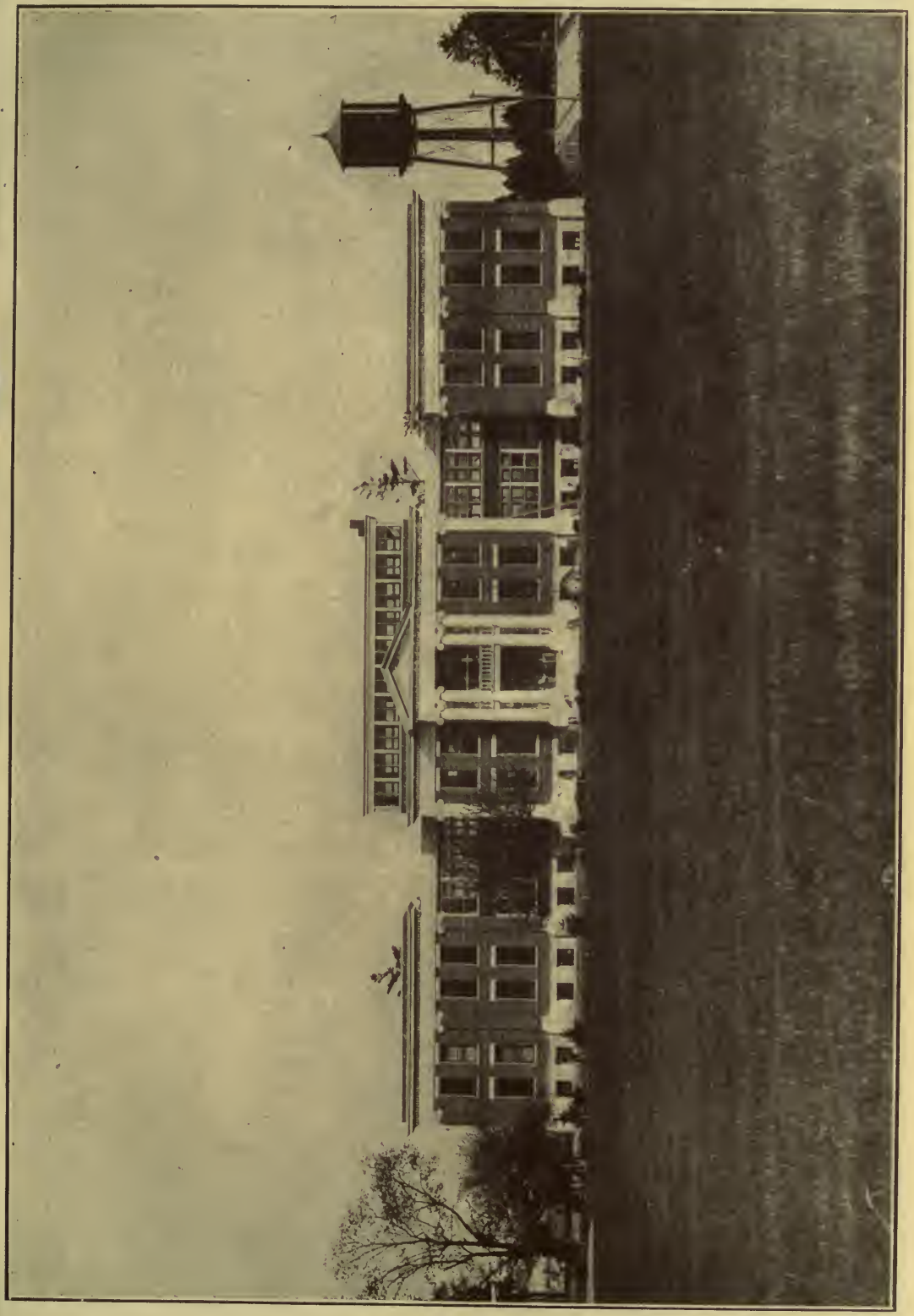
We are glad to announce to our readers that by the gracious permission of the president of the Canadian National Association of Trained Nurses our August number will contain some of the papers given at the convention in Berlin, Ont., May 21, 1913.

As this number is devoted to the report of the Tenth Annual Meeting of the Graduate Nurses' Association of Ontario, some of our usual departments have been omitted. These will appear as usual in August. Will each correspondent kindly remember to send her contributions promptly. It is always disappointing to have material arrive a day or two late, thus necessitating a month's delay.

The Queen Mary Hospital for Consumptive Children, Weston, the first of its kind in the British Empire, if not in the world, was opened by Her Majesty, Queen Mary, at Buckingham Palace, on June 3, 1913. A large and representative gathering of citizens was present to witness the miracle—the opening of the doors of this institution by Queen Mary pressing a button in Buckingham Palace.

Sir John Gibson, Lieutenant-Governor of Ontario, presided at Weston, and gave a brief address. Other speakers were: Mr. W. J. Gage, founder of the National Sanitarium Association; Hon. W. J. Hanna, Provincial Secretary; Mayor Hocken, Controller McCarthy, Dr. Hastings, M.O.H., Rev. Chancellor Burwash, Rev. Dr. Gilray, Dr. James L. Hughes.

Following this ceremony, the Katherine Honorah Prittie Building, erected by Mr. and Mrs. R. W. Prittie in memory of their daughter, was officially opened. The speakers were Hon. W. J. Hanna, Hon. W. A. Charlton and Rev. Mr. Graeb.



Queen Mary Hospital for Tuberculous Children, Weston, Ont.

Scene in Front at Opening of Toronto's New $3,150,000 General Hospital, June 19

Editorial

THE ANNUAL MEETINGS.

The annual meetings of the Canadian Society of the Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses were held in Berlin, Ont., May 19-22, 1913.

At the meetings of both associations there were representatives from only three provinces—Nova Scotia, Quebec and Ontario.

This is not as it should be. Why is there not a greater interest in these annual deliberations? Questions of vital interest to the profession come up for discussion. Decisions must be reached, but can the broadest, the best, the wisest decisions for this great and growing profession be arrived at when all the points of view of all the nurses in all parts of Canada have not been presented and considered?

It takes time, and thought, yes and money too, but is it not worth while?

Must it be said that nurses are not interested in all that concerns the profession, that each is only concerned about the successful working out of the work immediately under her own hand and forgets entirely that she is part of a great whole and must properly and fully correlate herself to that whole if she would do even her own part in the best, the noblest, the most broadly successful way?

Greater interest will lead to better, more efficient work, foster a broad outlook and develop the strength and stability of the profession. Let us have this greater interest!

SHORT COURSE SCHOOLS.

That nurses are waking up to the necessity of educating the public as to what the best nursing service means, and the education and training necessary to enable the nurse to render the best service is evidenced by the number of articles dealing with the training of nurses that have appeared in the press of late.

The Evening Telegram, Toronto, is carrying on a vigorous campaign of enlightenment. Several articles have appeared. These give first-hand information about some so-called schools of nursing which advocate a short cut to knowledge.

The Hamilton Spectator, we are glad to note, has also taken up this question. One of these so-called schools is seeking to establish a branch in Hamilton.

Let us hear of still more active work in this helpful, educative, publicity campaign.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL.—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The Anniversary Festival of the Guild, Montreal, was kept on St. Barnabas' Day, June 11th, several of the members attending the celebration of the Holy Communion at St. John the Evangelist Church at 7 a.m.

The Superior was at home in the afternoon, and those who were able to avail themselves of her invitation spent a pleasant time under the trees in her garden, the weather being delightfully warm and bright.

The regular Anniversary Service was held in the Church at 8.15 p.m., when those present included the Rev. L. W. Smith, the Rev. T. B. Winter, the Superior, 4 Honorary Members, 11 Members and several visitors. The special office was said, and Mr. Smith gave a helpful address on Acts 14:21, 22. Miss Belknap was then admitted into the Guild as an Associate. At the close of the service the party adjourned to become the guests of the Misses Young and Hibbard, by whom they were most hospitably entertained. Great regret was expressed at the absence of the Chaplain, now on his way to England, where he expects to spend a few months. News of the passing away of Mrs. Messervy, who was admitted into the Guild as Associate on St. Barnabas' Day, 1903, was District Treasurer for some time, and has always taken an interest in the Branch, came as a shock to some of those present, who only heard of it while at the meeting.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Avenue.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

A special meeting was held on May 12th in the Nurses' Residence to appoint delegates to the Canadian National Association of Trained Nurses to meet in Berlin. Misses Simpson and Carscallen were appointed. As they were unable to attend, Misses M. Ross and B. Sadler substituted.

The many friends of Mrs. Burnett (née Ella Robertson) will be pleased to hear she is gradually improving after her serious illness.

Miss M. L. Hannah, graduate of H. C. H., has accepted a position as nurse in charge of the Emergency Department of the new Toronto General Hospital.

Miss Edgar, graduate H. C. H., has resigned her position as Night Superintendent in the Hospital for Sick Children, Toronto, to accept the position of "House Mother" in the Residence in connection with the same hospital.

Miss Kate Madden, Superintendent of Nurses, H. C. H., attended the seventh annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in Berlin, Ont.

Miss Mina Rodgers, graduate of H. C. H., Superintendent of Niagara Falls Hospital, was also present at the Superintendents' annual meeting in Berlin.

The following members of the Hamilton Chapter of the G. N. A. O. (all of whom are graduates of H. C. H.) attended the meeting in Toronto, Misses Elliott, Deyman, Street, Sadler, Kerr, Hanna and Edgar.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips and Miss H. A. DesBrisay attended the National Council of Nurses in Berlin, Ont., and were afterwards guests at the annual meeting of the Graduate Nurses' Association of Ontario.

IMPRESSIONS.

The different sessions of the National Council were very enjoyable, and the papers read most interesting. That on Registration called forth a very animated discussion. Full reports of them all will be published later, but I should like to say how much we appreciated all that was done for us by Mrs. Bowman, Lady Superintendent of the Berlin Hospital, and other citizens of Berlin, which added greatly to the pleasure of our visit—also to the friends at the MacDonald Institute, who so graciously entertained us at luncheon.

There seemed to be but one regret and that was that more nurses could not be present. Some, of course, were unavoidably absent, but others there were who might have been present and were not, owing to indifference or lack of enthusiasm. I would say to those, go once, and you will always make every effort to go again—one is invariably the richer, both in knowledge and in friends.

H. A. DesBrisay.

SOCIAL SERVICE AND HOSPITAL EFFICIENCY

By Helen R. G. Reid, B.A.

Director Social Service Department of the Victorian Order of Nurses, Montreal.

Continued from June Issue.

With the fine record of good works and benevolence to our credit, no one can say that Montreal's institutions have not made good use of the material which they have had at hand in the way of workers, paid and voluntary. But we cannot stand still, we must either improve our methods or lose ground. It costs money both ways, but the money that is spent for efficient service is a legitimate expense, while there is little or no justification for the ignorance which results in waste and loss of time and money. It is a matter, therefore, of the greatest satisfaction to learn that a step in a direction which will make this possible is already being contemplated by one of our best known educational institutions. It is probable in the near future that a University Extension Course in Practical Hygiene and one in Social Economics will be opened to women desirous of fitting themselves for positions of Health Inspectors and visitors in the city's service, or of improving themselves as volunteers in any Social Work. Practical field work in the study of local institutions, lectures, district visiting and case conferences may possibly be offered by the Charity Organization, and would serve as an additional attraction to the opening up of this new field for women workers. In close connection with this we contemplate with gladness the prospective organization on a more intelligent and comprehensive basis of the Board of Health of our city. The active influence towards this end of such bodies as the City Housing and Planning Association, the City Improvement League, the Local Council of Women—to mention but a few—insures for us in the not distant future an up-to-date Board of Health with a staff of trained Inspectors and visitors working with augmented interest and intelligence for the public good.

The medical-social work that has been done in Montreal is easily resumed. Apart from the individual efforts, the first organized medico-social service we find in connection with the Victorian Order of Nurses. During the typhoid epidemic of 1910, this Order established a social service department of from 60 to 70 volunteer workers, who, during that serious time, worked toward the relief and rehabilitation of 160 families, and faced the general problems of poverty and sickness with amazing results, considering the emergent and volunteer nature of the organization. Besides serving all the needy cases in the district, this Committee covered every case in the Emergency Hospital, and worked in the homes which had often been left desolate by the removal to the hospital of one, two, or three of the members of the household. On the district, even more intimately than in the hospital, we see how sickness brings poverty, and poverty is, perhaps, the chief cause of sickness; how civic neglect tolerates bad housing, and bad housing carries with it vice and tuberculosis; how contagion spreads through crowded tenements; how lack of knowledge kills babies more than lack of care; and how great is the need of combating that gravest if diseases, ignorance, by the power of education carried into the home and made vital by the inspiring influence of a friendly hand. Be it remembered, too, that no report will ever show the extent or benefit

of this most important part of Social Service Work—the work of education and instruction. During the epidemic, the services of the Victorian Order Committee were placed at the disposal of the Royal Victoria and General Hospitals for their typhoids needing after-care, and five cases were handled from these sources. Had there been trained workers in the wards who had the time and experience to find the needy ones, and thus relieve the Nurses and Superintendents, doubtless many more cases would have been handed on and helped.

Out of this, however, came great good; for among the volunteers working for the Victorian Order was an earnest band of workers from Melville Presbyterian Church, and they became definitely interested in Hospital Social Service. Permission was obtained to place a partially trained worker in the General Hospital wards to follow up Protestant cases needing care after dismissal. After one year's work, the hospital became sufficiently alive to the good accomplished—the saving to the institution and the help to the patients, to undertake the payment of the Worker's salary, the Church still providing the funds necessary for relief emergencies.

A further experiment is now being made in both the Montreal General and Royal Victoria Hospitals. Through the initiative of the Charity Organization Society and the co-operation of the Victorian Order of Nurses, a district nurse has been placed at the disposal of the general out-patient department of each hospital, and a college graduate with special training in Domestic Science and City Health Visiting has entered one clinic, the last-mentioned giving practically all her time for a nominal fee. Unfortunately, all these workers are not under any supervision or direction, and they are using experimental methods. It remains to be seen whether their work proves sufficiently, not only the benefit of Social Service—this can hardly be a matter for question in the mind of any up-to-date doctor—but also that the time is now ripe to establish Social Service Departments as integral parts of their institutions. If our Hospitals and Nursing Associations would take advantage of such post-graduate courses of lectures and practical field work as may be offered by University, Charity Organization Society and District Nursing Association, it would afford those of their nurses who have the spirit for Social Service an opportunity for fitting themselves for any public or institutional work they care to follow. It would soon provide the Hospitals with a Staff of Social Workers already acquainted with the routine and administration of the hospital. The advantage to the nurses in thus opening up to them new lines of work is evident.

With a 1912 record of 72,000 out-patient admissions, and 4,582 in the wards, the Montreal General Hospital offers a special opportunity for follow-up care. Situated as it is in the working heart of the city, its clientele includes hundreds of people who are affected with the awful diseases of ignorance and poverty which the trained Social Worker is better fitted to cope with than the busy doctor. Can we not lend a hand to this most worthy cause of Social Service in the Hospital and by supplying volunteer Committees and funds under hospital direction help on the great work of cure and prevention which this institution has pledged itself to pursue?

Continued from page 465.

livered by Miss Crandall on this subject from the nurse's point of view. I feel if I had had an opportunity of hearing that paper I would have learned a good deal, and if I had heard it earlier I would have gained some ideas which would have helped to mould those I give you to-night. (Applause.)

WHAT THE NURSE CAN DO FOR PUBLIC HEALTH.

By Dr. J. W. S. McCullough, Chief Health Officer for Ontario.

By Public Health or Hygiene is meant the art and science that considers the preservation, promotion and improvement of health and the prevention of disease. The laws, the health, the education, the food, the water supplies, the disposal of sewage and garbage, the housing, birth, marriage and finally the disposal of our bodies after death all come within its purview.

Teachers, social reformers, scientists, law-givers, engineers, nurses and physicians contribute more or less to the advancement of Hygiene, but after all, the general well-being of a people most largely depends upon their own properly applied intelligence, knowledge and self-restraint. Sanitary improvements in our surroundings will fail to compensate for social transgressions against the laws of morality, for public virtue is essential to public health, as both combined are to national prosperity.

Disease has always marched hand in hand with ignorance. The increase of knowledge by spreading its beneficient rays into the dark corners of the earth has, like the sun in the heavens, been destructive of the causes of disease. So the greatest factor of all in disease whereby knowledge of the causes and prevention of disease can be disseminated will be a factor in the cause of public health.

Everyone nowadays recognizes the value of the nurse's service in actual illness, her devotion to duty and self-sacrifice in the interest of physician and patient. While these services are definitely in the line of public health, there are many other situations in which the nurse may be of the greatest value. To briefly outline some of these is the object of these remarks.

The trained nurse as we know her is a product of the last half century. The practice of nursing is as old as the universe. The care of animals for their young, the marvellous instinct of all nature's living creatures, the solicitude of the mother for her offspring and for all those dear to her, are included in the practice of nursing. The nurse in practice has ever had her place with the priest and physician in the

trinity of those who labour in the interest of humanity. Wherever there has been pain or suffering gentle hands have been ready to cool the fevered brow, to alleviate the thirst and satiate the hunger of the afflicted.

The profession of nursing, the most peaceful of all professions, is a child of war. Previous to the war of the Crimea in 1854, the sanitary needs of the soldier were utterly neglected. In war time he was a constant victim of preventable disease, due to unhealthy camps and ill-managed hospitals. Fever and dysentery decimated the soldiers' ranks by tens of thousands. The death rate from disease amongst soldiers was 17 per 1,000 annually, as compared with 8 per 1,000 civilians. Indeed it was at this time considered that one out of every two soldiers who died lost his life from preventable disease.

Amongst the masses of the people the sanitary conditions were equally unsatisfactory. The nursing in the homes of the poor was of the most doubtful character. The type of family nurse is well described by Charles Dickens in the character of the dram-drinking slatternly Sarah Gamp, and the hospital nurse of that period corresponded well with the description of Betsy Prig.

In 1854, when a knowledge of the shocking condition of our soldiers at Scutari came to the ears of the British people, Sidney Herbert was fortunate to secure the services of her whose name has become a household word and who was in her day the idol of soldier and civilian, the angel woman of the Crimea, Florence Nightingale.

The marvellous work accomplished by this great woman in the organization of the hospital service at Scutari, her exertions on behalf of the half-starved, vermin-covered, ill-clad and dying soldiers, her writings and finally the establishment by her of the first training school for nurses are matters of history, and the beginning of a new phase in public health work.

The first training school for nurses was organized in 1860 in connection with St. Thomas' Hospital in London. There were fifteen probationers in the initial class. There was no "mad rush" to enter the professions. It had not as yet become fashionable. Society shook its head at the idea of young females nursing in hospitals. It was freely predicted that there would be wholesale elopements with the medical students, and while this prediction has not been fulfilled, it must be conceded that nurses have made large inroads into the affections of the medical profession.

Some thought that attendance on the poor was incompatible with the feelings of a lady, others that it was improper for a gentlewoman to enter a wage-earning profession. None of these doleful prophecies, however, have interfered with the success of the training of nurses, and

they are to-day a firmly established institution all over the civilized world.

In addition to the advice the nurse may give in the families where her duty calls her respecting general sanitary measures, disinfection, cleanliness, the use of proper food, clothing, and in a hundred other ways, she has become of special value in relation to the work of medical inspection in schools, in locating and visiting tuberculosis cases, in birth registration and the lessening of infant mortality.

I have in mind a case in one of the smaller cities of Ontario where there were in the year 1910 sixty-two deaths of babies from summer complaint. The families affected were poor, most of them foreigners, and it was obvious to the Medical Officer of Health that bad milk was the chief factor in this large death-rate. The services of a nurse were secured. The milk supplies were supervised and the children were provided under the control of the nurse with good milk. In 1911, as the direct result of this undertaking, the number of deaths from this cause was reduced to twenty-two, and in 1912 to six. This, it seems to me, is practical public health work. The same kind of work is being duplicated in a number of cities in the Province with, I have no doubt, equally good results.

In the health department of this city the nurse plays a prominent part in relation to preventive work in tuberculosis. She visits the houses of the patients after these cases are notified and often succeeds in having sources of infection removed or the children sent to a preventorium or to some place where the danger from infection is avoided.

There is a large group of school diseases in addition to tuberculosis, such as diphtheria, scarlet fever, whooping cough, measles, German measles, chickenpox, mumps, scabies, vermin, ringworm and minor ailments such as sore throat, colds, enlarged tonsils, adenoids, etc., which are being discovered in the early stages by medical inspection of schools.

In this work the nurse plays an important part. In the absence of school inspection mild cases of the diseases mentioned remain undiscovered and we soon have an epidemic. In the minor ailments early attention generally prevents a great deal of injury to the future growth and health of the child. This work cannot be successfully accomplished without the assistance of the nurse.

Vaccination is a sure preventive of smallpox. The trouble with this, as well as with most of the communicable diseases, is that the mild cases are overlooked, and the disease under the guise of chickenpox has become widespread before it is recognized in its true character. This is especially true of communities which are unvaccinated.

In February, 1885, the city of Montreal where, as in the case in the Province of Quebec generally, vaccination is neglected, there was not a single case of smallpox until there arrived a Pullman car conduc-

tor from Chicago, who went into the hospital sick. He was found to be suffering from smallpox. A domestic in the hospital contracted the disease and died of it. In a panic the hospital authorities allowed the patients to go to their homes. The disease assumed wide proportions all over the city, and 3,164 persons died during the following season from smallpox.

In addition to this shocking loss of life from a preventable disease hundreds of thousands of dollars were lost in business and the whole city was disorganized for several months. Smallpox is not a filth disease. Sanitation has no material effect in its control. The one and only preventive is vaccination. The nurse may be of good service in proclaiming its virtues amongst those with whom she comes in contact.

The infant mortality of Ontario is 112 per 1,000 births. That of New Zealand and South Australia is 71. Many elements enter into the question of the death of babies. Poverty, poor lodgings, improper food and ignorance all have their influence. If a mother is forced to work in a factory or go out washing, the children will suffer. If the father drinks, his earnings are wasted and the family is forced into ill-lighted, over-crowded and unventilated quarters. Poverty brings a train of evils.

Birth registration exerts an influence on the mortality of babies. The earliest birth records in England date back to 1836, in Ontario to 1869. Apart altogether from the importance of this question from the matter of keeping track of population and from its legal significance, birth registration is one of the prime necessities in the question of infant mortality. The birth should be recorded immediately, and often the nurse will be able to have this matter, generally the subject of neglect, attended to.

It is time that the prevention of slums in our cities was given attention. All over this city huge apartment houses are being erected. They are built four, five and six stories in height and in most cases occupy the whole lot. Light, except in the rooms facing the street or in the rear is very imperfect. Many of the rooms never see sunlight. Indeed, I know of apartment houses with rooms that have no outside window whatever. There are suites with a central living room and on either side a bathroom and a kitchen. The living room gets no light except that transmitted through the kitchen and bathroom. What chance has the child in such a place? It is not putting it too strongly to say that the apartment house is one of the great evils of city life. The Citizens' Council of Hygiene, comprising sixteen of New York's best physicians, says of them:

"They are productive of filth, over-crowding, lack of privacy, lack of domesticity, lack of ventilation and lighting, they cause an increase of immorality, crime and disease."

It is no excuse to say that people will herd together in the centre of a city. They must do so if no other place is provided for them.

Despite the historic lament of Edmund Burke that the age of chivalry is dead, there are overwhelming facts in the present day which go to prove that that great orator was mistaken. In former days the word "chivalry" meant the degrees of military service rendered on horseback by knights of gentle blood in the Middle Ages. The spirit of chivalry was restricted in early times to those who did great deeds in war.

Its scope has widened materially in modern times, and now embraces noted deeds of both men and women. We know it as the spirit which inspires us to think noble thoughts and to do brave and self-sacrificing deeds in a magnanimous and modest way. So it includes acts like those of Queen Philippa who sucked the poison from her husband's wound; of the maid of honor who thrust her arm into the staple of the door which had no other bolt—to stay the rush of soldiers bent on murdering their king; of Grace Darling who saved the crew of the "Forfarshire"; of the wife of Isidor Straus, who, refusing to leave her husband, stepped back from the lifeboat and stood by his side as the "Titanic" went down; of Florence Nightingale in the fever-stricken wards of the hospital at Scutari, and no less of the present-day nurse who, at the risk of her own life, bravely, quietly and modestly spends her days in nursing those ill of smallpox, tuberculosis, typhoid and diphtheria, or in the many other phases of public health work.

Miss Crosby—I am sure we are exceedingly grateful to Dr. McCullough for putting this matter before us from his point of view. Would anyone like to ask Dr. McCullough any questions about this work. Unfortunately he has to leave the meeting very soon.

Miss Rogers—I would like to ask Dr. McCullough what is being done with regard to the tenement law here, or if anything is being done?

Dr. McCullough—Nothing at all.

Miss Rogers—Why isn't there, may I ask?

Dr. McCullough—In reply to that I would say that my remarks were simply to arouse public opinion. I have been doing that as much as I can during the past winter, every place I had an opportunity to speak about this question. I think this is the way nurses can help, by denouncing this class of building. There are tenement houses in Toronto containing very small flats, and it is said that they are mostly suitable for school teachers. A school teacher will have a sleeping room, where she will fold her bed up and make a lounge out of it; a kitchen opens off this room on one side and a bathroom on the other. The only law we have is the one established last year where the Medical

Officer can placard places that are unfit for human habitation and close them.

Miss Crosby—A request came from many of the nurses to have the subject of "Oral Sepsis" discussed, and we are very fortunate in having Dr. Doherty, who has charge of the dental part of the Medical Inspection in Toronto, to give us a paper on this subject. I have great pleasure, indeed, in introducing Dr. Doherty, the Chief Dental Inspector, to you.

ORAL SEPSIS.

W. H. Doherty, L.D.S., D.D.S.

I look upon it as a distinct honor to appear before this body with an address this evening. In addition it is a privilege that, as a member of the dental profession, I value highly, to have the opportunity of bringing to your attention some important facts in connection with Oral Sepsis and its relation to the general health.

The importance to the individual and to the community of mouth diseases has never received the attention it demands. The physician, in the past, largely overlooked the mouth as the seat of any serious dental disease, and it was only when the severity of toothache demanded some relief that any serious attempt at treatment was made. Then the tooth was usually removed in whole or part by some individual skilled in the then crude method of extraction.

Gradually there grew up a body of men who made a livelihood by the extraction of diseased teeth and by their replacement by some artificial substitute. Crude attempts were also made at filling cavities in the teeth and from these lowly beginnings the present profession of dentistry has evolved, outside the pale of the practice of general medicine and surgery.

The purely mechanical side of dental surgery is such a fine art that it has taken years to place this aspect of the work upon a scientific basis. The close application of the leaders of the profession to perfecting methods of saving diseased teeth by filling and of replacing all or part of the masticatory apparatus when lost, perhaps only naturally led to the belief on the part of the public, the medical profession and indeed of the dental profession itself, that dentistry was largely a fine art and outside the realm of medicine.

Gradually, however, it was noted that a diseased mouth was very frequently accompanied by digestive disturbances and general ill health. It was also noted that when the mouth was made healthy the general symptoms passed away. No member of the profession has been in practice for any length of time without having had conclusive evidence of

the ill effects of an unclean and diseased mouth and also of the rapid restoration to health in many cases when these conditions are removed.

Recognition of this fact has led to a closer study of the relation of mouth conditions to the general health with the result that we have to-day the great Oral Hygiene movement, which is receiving recognition from the medical profession, educational, municipal and state authorities the world over and has for its object the bringing about of a general recognition of the seriousness of dental disease and of the means for its prevention.

I wish this evening to call your attention briefly to the prevailing mouth conditions of the bulk of the community and to discuss with you the effect of these conditions upon the general health and upon the spread of some of the diseases with which you are called upon to cope.

The two chief diseases prevalent in the mouth are caries (or decay of the teeth) and pyorrhoea. Decay is more especially a disease of childhood and is present in the mouths of about ninety-five per cent. of children attending our public schools. There is a deep-rooted idea outside of the dental profession that the teeth of the first or so-called "temporary" set are of little or no importance and that as they are replaced by others, their care is unnecessary. No greater mistake could be made by a parent and the result of this deliberate neglect is that we find the mouth of the average school child in such an appalling condition that it is impossible for me to give you any adequate idea of the disease and filth in many cases found therein. These conditions have to be seen to be appreciated; mouths repulsive with decay and fermenting refuse; jagged and suppurating roots containing the dead and putrefying remains of the pulp of the tooth, often four or five abscesses discharging continuous streams of pus into the mouth and stomach of the child, rendering the mouth a mass of infection, filth and disease, that is not only a distinct menace to the child itself but also to its companions.

An examination of 516 kindergarten pupils in a dozen schools of Toronto revealed the following serious and lamentable conditions:—

516 pupils, ages five to seven.
3,037 temporary teeth decayed or lost.
256 discharging abscesses, one for every other child.
53 entirely without masticating surface.
82 mouths only comparatively clean.
222 mouths foul.
42 with irregular permanent teeth.
128 "six-year molars" decayed and six lost.
59 free from decay or 11.4 per cent.

Pyorrhoea is a disease of adult life. It begins with an irritation

of the free gum tissue about the neck of the tooth. This tissue becomes loose and falls away, permitting infection of the deeper tissues. Then follows a destruction of the membrane that holds the tooth in its socket, together with the gradual destruction of the bone of the wall of the socket itself. This process is accompanied by a flow of pus from the parts affected and a gradual loosening of the tooth as its attachment and surrounding bone are lost. The disease is exceedingly common among adults. As it is not painful it passes in many cases unnoticed by the patient until the teeth become markedly loose. The destruction of the gum tissue about the necks of the teeth leaves open spaces between the teeth which become clogged with fermenting refuse while pus flows from the pockets along the roots of the teeth where the disease is active, producing altogether one of the most filthy conditions possible to find in the mouth.

With this brief review of the two chief mouth diseases let us consider the condition of the mouth that has been referred to as Oral Sepsis. This is a septic condition of the mouth due primarily to uncleanliness. A sound set of teeth used in the masticating of proper foods is kept naturally clean. When teeth are decayed, lost or loosened by pyorrhoea, the natural cleansing effect of thorough mastication is lost and the teeth and mouth become unclean. The cavities hold fermenting refuse from previous meals. If the pulp or "nerve" dies, there is the additional complication of dead and putrescent animal matter. Abscesses and pyorrhoea produce pus. The mouth is a natural incubator of the micro-organisms of disease. Over twenty disease-producing bacteria are regular inhabitants of septic mouths. Among the most frequent are the following: the tubercle bacillus, the bacillus of influenza, the bacterium coli communi, the streptococcus pneumoniae, the diphtheria bacillus, the various streptococci, staphylococcus, aureus and albus and many others. These germs are found in the following sheltered places where they propagate, having all the necessary elements of their growth, food, moisture and warmth; between the teeth, under the gingval fold of gum surrounding the neck of each tooth, in cavities in the teeth, in necrotic roots, in infected pulps, abscessed teeth, under ill-fittings crowns, bridges and plates, around defective and poorly inserted fillings, in pyorrhoea pockets and in abraded or pathogenic mucous membrane.

Such conditions as we have mentioned as contributing to Oral Sepsis produce a depot for the distribution and dissemination of the pathological factors named to the rest of the body, by continuity of surface, by absorption through tonsils, abraded mucous membrane or concealed pus pockets, by blood and lymph streams, inhalation into the bronchi and lungs and ingestion into the stomach.

These conditions associated with a septic oral cavity are sufficient

to supply the infection for almost all the fevers and other diseases and pathological conditions and on account of the extreme toxicity of many of the micro-organisms a mouth of this character is not only a source of grave danger to its possessor but also to those with whom its possessor comes in contact.

In discussing with you the effects of Oral Sepsis upon the spread of disease, it is not my wish to overlook the other contributing factors, or to compare and decide their relative importance, but I do hope to convince you that the septic condition of the mouth and teeth can and does exert a positive, distinct and most important influence in undermining and breaking down the bodily resistance, and in harboring, propagating and disseminating micro-organisms, toxines, ptomains and other poisons.

It is generally known that tuberculosis attacks almost exclusively weak organisms. It is also generally known that the chief treatment in tuberculosis is to improve general nutrition or in other words to strengthen the organism. Tuberculosis is, in general, only dangerous to weak and debilitated individuals. One of the most frequent sources of weakness is unhealthy or unhygienic conditions of the mouth. An individual whose dental equipment is in a diseased conditions masticates food poorly, it is not properly salivated and in consequence is poorly or incompletely digested. If in addition the food is mixed with pus, fermenting debris and the micro-organisms which thrive in an unclean mouth (one of them the tubercle bacillus itself), indigestion, malnutrition and debilitation of the individual inevitably follow.

Among school children it has been my experience that the pale, sickly, anaemic child is the child with the unclean, diseased mouth or throat. The diseased tonsils themselves are frequently caused by the septic condition of the mouth. One of the medical inspectors in the schools of the city reports the frequent reduction of enlarged tonsils after the mouth has been made healthy.

The enormous frequency of septic mouths particularly among children is one of the most important predisposing causes of tuberculosis infection. Both as a preventive measure and as a curative factor of the highest order a clean, healthy, efficient masticatory apparatus should receive the most careful consideration from those who are combating tuberculosis. I am confident the time will come when this will be universally recognized and when every preventorium and every sanatorium will have means for dental service provided so that Oral Sepsis may be promptly attended to, that oral hygiene may be vigorously practiced and that patients without proper means of mastication may be, where necessary, supplied with artificial substitutes.

Pneumonia causes more deaths than tuberculosis. This is easily accounted for by the fact that so many varieties of micro-organisms

are capable of causing inflammation of the lungs. The pneumococcus is the most constant of these germs and is an almost constant inhabitant of septic mouths, carious teeth, infected pulps, pyorrhoea pockets and about ill-fitting fillings, crowns, bridges and other appliances. If any of them are dislodged and drawn into the lungs, pneumonia has a splendid chance to develop. The great mortality of pneumonia is probably due to the fact that an individual suffering from other conditions may be so easily infected from the contents of his own mouth. Pneumonia is the most frequent complication and sequel to measles, scarlet fever, smallpox, typhoid and erysipelas. Septic pneumonia frequently follows extraction of teeth, operations on the mouth, jaws, throat and tonsils. A broken jaw is frequently followed by pneumonia. There is great danger of pneumonia when a broken jaw is splinted and bandaged up so the mouth cannot be cleansed. Pneumonia sometimes follows the administration of an anaesthetic due to inhalation of septic material from mouth to lungs. Dr. Osler says that pneumonia is most frequently due to auto-infection from the victim's own mouth. These facts lead us to the conclusion that Oral Sepsis is the most frequent cause of pneumonia; that during illness from other causes a vigorous toilet of the mouth is a necessary precaution against the complication of pneumonia, and that a careful cleansing of the oral cavity is a most necessary precaution previous to operations therein and to administration of anaesthetics, and also a most important general preventive measure in healthy individuals.

The writer has been particularly interested in the effects of mouth conditions upon the contraction and spread of the so-called "children's diseases." There are some general considerations which may be mentioned at this point. These diseases occur as a rule during the period between the appearance of the first teeth and the completion of their replacement by the permanent teeth. The region where the micro-organisms are propagated, harbored, absorbed and disseminated is in or closely associated with the mouth. The mouth at this period, owing to the universal neglect and also to certain anatomical or physiological conditions, is in a more septic condition than is the rule at any other period. While the healthy mucous membrane has wonderful powers of resistance to disease organisms, there exist in the mouth of the child at this period conditions which do not obtain at any other period of life, conditions which make possible the easy entrance of micro-organisms from the mouth to the underlying tissues of the jaws, the glands and the blood stream.

During this period in question the twenty teeth of the first or temporary set make their way into their positions in the jaws, during which process the membrane is broken about each newly cut tooth. These teeth are in place only a short time when the process of shedding

begins. A temporary tooth is shed by the natural destruction of its roots ahead of the oncoming new tooth. A cavity in a temporary tooth deep enough to reach the pulp chamber produces death of the pulp and the immediate stoppage of the normal process of destruction of its roots. We now have two very serious conditions. We have a direct opening through the cavity, pulp chamber and partially destroyed roots into the tissues at the base of the tooth and in addition the new tooth has now to force its way into place by pushing the remnants of the temporary tooth out of the way. These dead, putrescent, abscessed and too long retained teeth of the first set are the cause of the most septic and dangerous conditions found in the mouth of the child. I am personally convinced that the condition of children's mouths is responsible for the great prevalence of the children's diseases. A brief survey of some facts in connection with one or two of them will show the reasonableness of this statement.

In measles, for instance, the infection is introduced into the system by way of the mouth, or nose, or both. One of the first diagnostic signs is Koplik's sign, a bluish white speck surrounded by a bright red areola. These spots appear on the mucous membrane of the cheek at about the level of the first molar tooth and on the inner side of the lip. It may be a mere coincidence that these spots appear on the part of the membrane in contact with the teeth and never on the palate. Recent investigations show that the mouth is the last place from which infection may be distributed. Larkins in the *British Journal of Children's Diseases* reports that in an examination of children four years old it was found that of those who had measles only 20.9 per cent. had sound teeth while of those who had not had measles 43.9 per cent. had sound teeth. The interval between the attack of measles and the examination of the teeth was so short that the only conclusion he could reasonably reach was that the decayed teeth and condition of the mouth in some way contributed to the infective process.

Many individuals in perfect health harbor the bacilli of diphtheria in their mouths. The bacillus is capable of infecting mucous membrane wherever it may find a microscopic break in such membrane. It is only reasonable to suppose that a child with a septic mouth containing the diphtheria bacillus may become a ready victim of the disease and is a walking source of infection to others.

Dr. Frederick A. Keys in the *Boston Medical Journal* reports the results of oral hygiene in relation to the infectious diseases, in the Orphan Asylum, Boston. In November, 1910, a dental clinic was established in this institution and the mouths of the children were placed in healthy condition. The following record of infectious diseases will be of interest:—

	1907 1908	1908 1909	1909 Nov. '10	Nov. '12 Apr. '11	Apr. '11 May '12
Diphtheria	6	2	1	0	0
Mumps	8	3	10	4	0
Scarlet fever	17	8	12	8	0
Pneumonia	3	5	4	6	0
Measles	24	50	40	25	0
Tonsilitis	10	16	18	3	0
Whooping cough	7	2	2	0	0
Chickenpox	15	17	10	6	0
Typhoid	0	0	0	0	0
Croup	4	0	0	0	0
Tuberculosis of eye	0	0	0	0	1
Tuberculosis of lungs	0	0	0	0	1
Total	103	103	87	52	2

Dr. Keys asks if this elimination of disease for a period of eleven months is a mere coincidence. He says two years more will give more conclusive evidence but that he is convinced that the benefit of dental treatment is not overestimated as far as the elimination of infectious diseases is concerned. The possibility of a child recovering from an infectious disease, carrying the infection in a septic mouth, would seem to make it desirable that before discharge from a hospital for contagious disease, the mouth be put in healthy condition and that children be not permitted to return to school till this is done. A dental equipment will, I believe, ultimately become a part of every isolation hospital.

Oral Sepsis is held to be one of the most constant factors causing anemia. A septic oral cavity affords a continuous supply of septic material for the rest of the alimentary canal and the constant absorption of these toxic products of oral fermentation and putrefaction contributes to the causes producing anemia of all types. Sir William Hunter particularly has drawn attention to this fact in his booklet on Oral Sepsis. A prominent consulting physician in the city some time ago told me he could trace sixty per cent. of his cases of anemia directly to a septic mouth.

Dr. Stewart Wright, of the Orthopedic Hospital, Toronto, cites some remarkable cases, showing the influence of infection from the mouth in arthritis. One of many cases recently reported is as follows: Patient called in July. Had suffered from arthritis since previous Christmas. Spine and feet were affected. Pains in back, hip and one knee. He looked upon all of these conditions as the result of some infection. The spurs upon the feet were removed and the case kept under observation. Saw nothing suspicious but a gold crown about which the gum was considerably inflamed. Its removal was ordered. Patient objected as

it had, he said, given him no trouble. The dentist was dubious at first but removed it and later telephoned to say it was the filthiest tooth he had ever opened. The tooth itself was finally removed. Seven weeks later the pains were all gone and the patient was at work and entirely better. Dr. Wright goes on record with the statement that in many cases treated the cause of the systemic condition was in the mouth.

What I have said to you regarding the general effects of Oral Sepsis has been said in no dogmatic spirit. My object has simply been to focus your attention upon a phase of preventive work that seeming, as it has, to be somewhat apart from regular sanitary and health measures has not received in many cases the recognition it deserves.

I am highly appreciative of the honor of addressing you. I sincerely hope that I may have interested you and that you may have found in the paper something that will assist you in your daily conflict with disease.

Miss Crosby—This subject is of very great interest, especially to the school nurses, but also to every nurse. This shows us another line of work in which we can always be ready to give assistance. I am sure that those who were anxious to have this subject discussed will feel, when they get the printed report of this meeting, that they have something to help them in establishing dental inspection in the different schools with which they are connected, and we sincerely trust that will be one of the results of the discussions.

Miss McKenzie—What effect has pyrrhoea on rheumatism, or what connection?

Dr. Doherty—I am not an authority on rheumatism. I believe Dr. Stewart Wright is, and Dr. Wright takes the attitude that arthritis is due to an infection of some kind, and claims that in a great many cases this infection is in the mouth. In the past we have looked upon pyorrhoea as being the result of rheumatism, but we are finding that the conditions are reversed—rheumatism is the result of the pyorrhoea and is simply due to infection from the swallowing of that pus. If you have a chance to read any of the papers written by Dr. Wright on that subject you will find a more full explanation than I can give you.

Miss Smith—Could you give some idea of the influence that was brought to bear in order to establish the free dental clinics in Toronto?

Dr. Doherty—We have in connection with the Ontario Dental Society what we call an Educational Committee. This committee was appointed to urge the free dental clinics upon the Government, and then we had the Oral Hygiene Committee of the Toronto Dental Society. A couple of years ago, or more, the Board of Education was approached regarding dental inspection. That was the first work done by that committee, and as a result of the work in that particular the present

incumbent was appointed to the Medical Inspection Staff of Toronto Public Schools. It was not long until I found it was almost a farce for me to go about the city urging parents to have their children's mouths taken care of, and yet not having any place to send those poor children. The Educational Committee of the Toronto Dental Society took that up, and there was a citizens' Committee formed in Toronto which approached the Board of Control. The Board of Education was not approached, because it was felt that the Roman Catholic children as well as the Protestant, required attention. The Board of Control listened with a sympathetic ear, and a year or more ago they made a grant of $8,000 toward the establishment of a free dental clinic in Toronto. Now we have a clinic of three dental chairs, manned by six operators, running continuously. That is the history of the establishment of the municipal dental clinic.

The Canadian School Nurses deserve a great deal of credit in this matter also. In fact, I believe they have the priority. They donated a chair and equipment to one of the schools in Toronto. That was the first move made in the city. Now we have four in the centre of the city, under the Board of Education.

Mrs. Pafford—If a child in the school is found to have trouble with its teeth, how does it approach the clinic, or if a mother of a child is affected in the same way what have they to do to have their teeth taken care of, if they are not able to pay?

Dr. Doherty—In connection with the regular routine of medical inspection, parents are informed when the teeth require attention. If a parent has not been informed—

Mrs. Pafford—She had been informed.

Dr. Doherty—In that case the nurse investigates the home conditions to find out if the case is a worthy one. If the nurse reports in the affirmative, then the clinic can take the child. At the present time they inform me every week how many children they can take the next week. Miss Rogers gets that report. Up to the present time we are only able to touch the fringe of the work.

Mrs. Pafford—What about the mothers?

Dr. Doherty—Unfortunately there is no place where that can be done. The work is confined to children absolutely, although I would not be surprised if the work would branch out and something be done for the mother.

Miss Stewart—There has been a clinic at the General Hospital all winter, and a good many of the parents have had treatment, and in the cases of several who were not able to afford a set of teeth these have been provided by the Social Service Committee.

Dr. Struthers—Before this body disperses I would like to say a few words. You are a body of ladies, I take it, that are engaged in

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educational work among parents as well as among children. I would like to put before you a very important part of the dental clinic, and that is the part of the dental clinic in public health. I do not need to dwell upon the idea, but what I would like to bring to your attention is the part of the dental clinic in the school. Two years ago when the agitation was on, when I very strongly advocated the establishment of dental clinics in the school, I could not get the dentists to see eye to eye with me at that time. I am pleased to see they are coming to my view and we have made a start.

In connection with these dental clinics I would further like to say that they should not be restricted to poor children. I believe that we ought to put the possibility of dental treatment before every child in the school, whether they are able to pay or not, just as we give them an education. That is the point I particularly want to bring before you. It is, in fact, a very important part of the education of a child, because it is so important to its health, and for years we have been striving to give children an education when they were not fit to receive it. We have spent the money which has been collected by municipalities and governments to no purpose. Why not give them that which they so much need. We see this that even well-to-do parents, fairly well-educated parents who ought to know better, will talk to their children about the torture of the dental chair. To-day one of the school nurses told me about a father who replied to her argument about having his child's teeth cared for, to the effect that he wasn't going to have his child tortured; it could get false teeth when the others decayed. I was speaking to-day to the President of the Board of one of the Homes for Children in this city, and she finally acknowledged to me that we would have a great deal of difficulty in getting any progress in this matter as far as that Home was concerned. I mean attention to the children's teeth. They think they are doing well when they keep body and soul together, by giving them enough to eat and drink. The President actually boasted to me that this Home was the second cheapest in the country. I felt very much inclined to tell the lady that it wasn't much to boast about. What can you expect of these children in the future if those ladies act like that? I told her that the matron was very antagonistic towards getting anything done in that home, and she very frankly agreed, and added she didn't have very much sympathy herself. That from a well-educated lady, President of the Board of that Home! What can I expect to do with the ladies of that Board? I hope I will make them uncomfortable enough to do something.

But I want to bring to your mind that this matter of dental treatment ought to be given to every child that goes to school, and then in the future we won't need to worry about the parents if we give that to the children. They become familiar with the doctor. It is a part of

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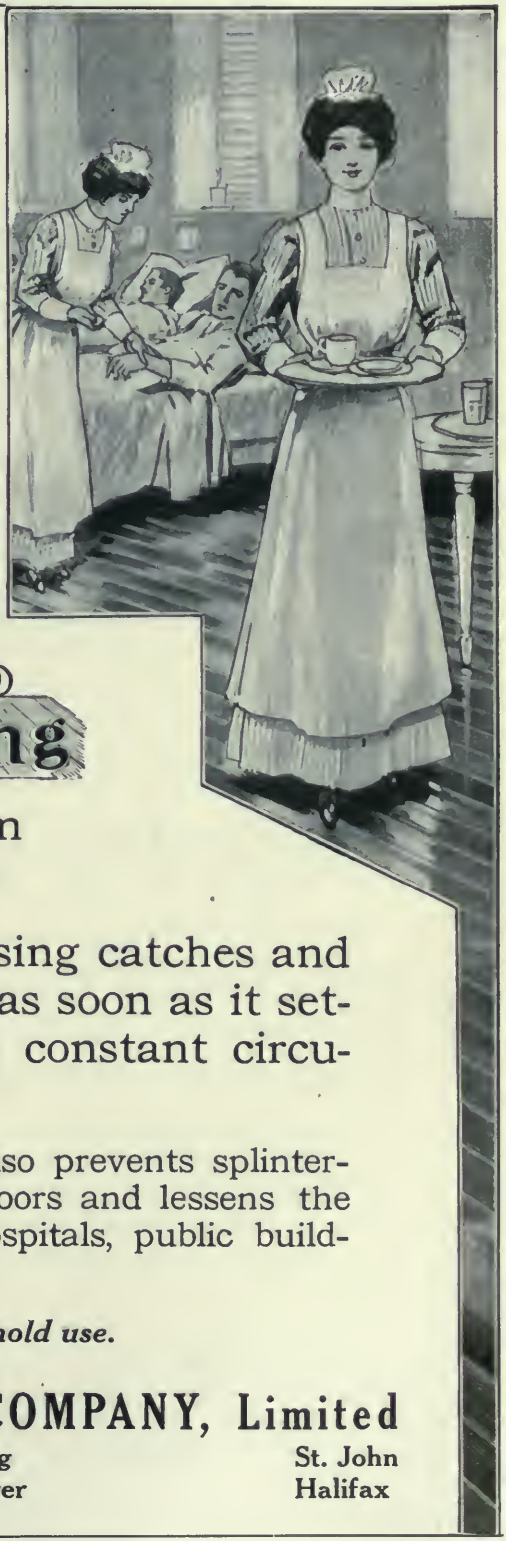

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the medical inspection system. They go to the chair as they go to their class room and they are not afraid. We heard a great deal at first to the effect that they would be crying and everybody in the school would be scared to death. I haven't heard of any complaint of that nature, and Dr. Doherty has not reported that such has occurred. I believe everybody here can be an agent in bringing that state of affairs about, by advocating free dental treatment for every child who joins the public school or every other school for that matter. (Applause.)

Dr. Doherty—I know Dr. Struthers' opinion well enough to know that he advocates the treatment of all children in the public schools. There is one difficulty about accomplishing such a result as that, it is simply this: There are not enough dentists to do that work, and if the members of this body have any young gentlemen friends who are somewhat in doubt as to their life-work, and they can induce them to enter the dental profession, they will be doing as great a work as they can. There are not enough men entering the profession to do the work.

Miss Crosby—I am sure we are very grateful to Dr. Doherty for the very able way he has presented this subject.

"School Nursing" (Illustrated), Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

The lantern slides shown and explained by Miss Rogers presented school nursing in a way so forceful that none could doubt its value, indeed, its necessity. Dr. Doherty assisted by explaining the slides that showed so vividly what may be accomplished by proper dental care.

Discussion by School Nurses of Ontario, led by Miss Merriman Hamilton.

Miss Merriman—There is very little I have to say, as I have only been at the work a year and a half. I would like to tell two little incidents, one to show the appreciation of the parents with regard to the work, and the other to show the work that can be done through the children of foreign parents who don't understand Canadian conditions. The children seem to be so open to teaching along these lines.

I was going along a street in the slum district of Hamilton and a woman came across to speak to me. I asked her where she was going, and she said for a little chicken broth, and then added, "You know I'm going to move on the Mountain. I 'opes you will come to see me at my new 'ome. I 'ates awfully to say good-bye to my old friends." (Laughter.)

A little Italian girl came to tell me that her father had been to the dentist to have his two front teeth pulled. She said, "I explained to him that the sick nurse said you could have them fixed without pulling, and he did, and it only cost him fifty cents."

I would like to ask Miss Rogers what was done to show the need of

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the Forest School. We feel in Hamilton that we need something of that kind very much.

Miss Rogers—I had very little to do with that. Dr. Struthers is the one who could answer that question better.

Dr. Struthers—Madame President,—It might take me all night to tell you of that. You have just got to get after people with a big club. I don't know that I can describe it in any other way. I went to some Board members and told them that I wanted a thousand or twelve hundred dollars to start with and I had to have it. I got it.

Miss Crosby—We have come to the end of our programme. Just before we close our meeting I would like to mention this: Those members who were present at Niagara Falls two years ago will remember the very great interest that Mr. Munro Grier took in our meetings, and his help in some of our discussions. It came to my knowledge that Mr. Grier is passing through very sore trouble at this time, his wife having passed away, and I felt it would be fitting that a resolution of sympathy should go from this Association to him.

Mrs. Paffard moved this resolution:—

Resolved, that this Association learns with very deep regret of the sore bereavement of Mr. A. Munro Grier in the death of his wife.

We all remember with much appreciation Mr. Grier's keen interest and hearty support at our Annual Meeting two years ago at Niagara Falls, and we desire at this time of overwhelming sorrow to convey to Mr. Grier our most sincere and heartfelt sympathy. Our prayer is that He who permits the sorrow will supply the "grace sufficient"; and that a copy of this resolution be sent to Mr. Grier.

This was seconded by Miss Thompson and unanimously carried.

Miss Stewart—I have been asked to make an announcement which gives me a great deal of pleasure. The members of the Executive of the Graduate Nurses' Association of Ontario appreciate very much the work that Miss Crosby is doing as President of this Association, as well as her work as Editor of The Canadian Nurse, and they would like very much to have Miss Crosby go as their representative to the Convention of the American Nurses' Association and the American League of Nursing Education, which meets in Atlantic City, June 23rd to 27th, and the Executive has decided unanimously to send Miss Crosby as our representative to that meeting. (Applause.)

Miss Crosby—I hadn't any idea what Miss Stewart had in mind when she said, "I want a minute before you close the meeting." It is a very great surprise to me that this decision has been made, but I certainly appreciate it. That was one thing I was wanting to do. I think it is an education to go to these meetings that you cannot get in any other way, and I certainly appreciate the privilege of going as the rep-

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resentative of this Association and shall do my best to bring back a good report.

Mrs. Paffard—Madame President, I would like to move that a very hearty vote of thanks be tendered to Miss Brent for her kindness in allowing us the use of this beautiful Residence, and to the many speakers who have so kindly and so ably assisted us in this Annual Meeting.

Seconded by Miss Roges. Carried unanimously.

Miss Crosby—We are very appreciative, I am sure. We feel honoured in having had these different speakers who have given us so generously of their time and best thought and have helped us in our work by giving us the inspiration of their advice and experience. We look forward to the work of the year that is before us with greater zeal and enthusiasm.

The Tenth Annual Meeting was closed by the singing of the National Anthem.

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Representatives on Central Registry Committee—Misses Knight and Irvine.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively; President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss M. E. Christie; Second Vice-President, Miss Isabel Fergusson; Recording Secretary, Miss Bella Crosby, 41 Rose Ave.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Georgie Henry, 153 Rusholme Road.

Directors—Mrs. A. E. Findlay, Miss Margaret Telfer, Miss E. E. Augustine.

Conveners of Committees—Social and Look-Out, Mrs. Mill Pellatt, 36 Jackes Ave.; Programme, Miss Janet Neilson, 295 Carlton St.; Registration, Miss Bella Crosby, 41 Rose Ave.

Representatives on Central Registry Committee—Miss C. A. Mitchell, Miss Laura Gamble.

Representative "The Canadian Nurse"—Miss Lennox.

Regular Meeting—First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss O'Meara, 596 Sherbourne St.; Treasurer, Miss Thompson, 596 Sherbourne St.

Board of Directors—Miss Isabel O'Connor, 596 Sherbourne St.; Miss Crowley, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.

Representatives on Central Registry Committee—Miss Boyle, 362 Euclid Ave.; Miss Rowan, 596 Sherbourne St.

Representative "The Canadian Nurse"—Miss Stubberfield, 13 Spencer Ave.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

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Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Day, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 295 Sherbourne St.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Morrison, Grant, Helm, Park, Code, Florence, Hamilton and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses Pringle and Wardell.

The Canadian Nurse Representative—Miss Urquhart, 64 Howard St.

Regular meeting, first Tuesday.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Margaret M. Lyons, Victoria Hospital.

Vice-President—Miss Barbara Gilchrist, 290 Princess Ave.

Secretary-Treasurer—Miss Bertha M. MacIntosh, Victoria Hospital.

Corresponding Secretary—Miss Patricia Murray, 767 Hellmuth Ave.

Conveners of Committees—Sick Visiting, Social and Look-out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Bell, Lady Superintendent; President, Mrs. Valentine, 65 Lakeview Ave.; First Vice-President, Mrs. Yorke, 400 Manning Ave.; Second Vice-President, Mrs. Fortner; Recording Secretary, Miss Cooney, 16 Ulster St.; Corresponding Secretary, Mrs. MacConnell, 125 Major St.; Treasurer, Miss Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Gilroy, Miss Fee.

Registry Committee—Miss Anderson, Miss Cooper.

Programme Committee—Misses Butchart, Misner, and Neelands.

Directors—Mrs. MacConnell, Miss MacLean, Miss Davis; The Canadian Nurse Representative, Miss E. F. Elliott, 16 Ulster St.

Regular meeting, first Friday, 3.30 p.m.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, AUGUST, 1913. No. 8

ANNUAL MEETING OF THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

The first annual meeting of the Graduate Nurses' Association of British Columbia was held in the Board of Trade Rooms, Molsons Bank Building, Vancouver, on June 13th and 14th. Miss Wright, the President, occupied the chair. A large number of members and delegates were present. After the invocation, Miss Wright welcomed the delegates, and, in her address, explained the Registration Bill now under discussion.

"The Daily Province" says:

The Bill provides for the establishment of the Graduate Nurses' Association, a corporate body, with officers and an executive council of twelve members, whose powers are laid down in the bill, to examine and appoint nurses as registered nurses, and provides penalties against fraud and misrepresentation in using the title of registertd nurse. A register will be kept by the association, and only those nurses whose names are therein will be allowed to describe themselves as registered nurses in British Columbia.

The qualifications for registered nurses are defined by the bill as follows: They must be graduates of training schools approved by the council of the association in the province, or who are registered as trained nurses in any other province which has substantially similar requirements. They must be of good moral character, and at least twenty-one years of age, and must pass the examination decreed by the board of examiners of the council.

The examination will include elementary bacteriology, materia medica, anatomy and physiology, dietetics, medical nursing (including contagious diseases), surgical nursing (including gynaecology), obstetric nursing and children's diseases. The examining board will consist of four members of the council, who are graduates of recognized training schools of not less than 100 beds, with a general training of three years, and who have had at least two years' additional experience as nurses.

Certificates may be revoked for inefficiency, and offences against laws or morals, and penalties are provided for the punishment of fraud

or misrepresentation, in attempting to obtain certificates of registration, and for the use of the letters R.N. by unauthorized persons.

Clause 47, the last clause of the bill, is one on which the members of the association lay great stress, because it definitely answers the objection raised in some quarters that the bill is aimed against the nursing of friends, and seeks to make a monopoly of professional nursing. The clause reads that the act shall not be construed to affect or apply to the gratuitous nursing of friends, or members of the family, nor to any person nursing the sick for hire, who does not assume or pretend to be a registered nurse.

After a discussion of various points of the Nurses' Registration Bill, it was resolved that the fee for registration, which was named as $25 in the bill, should be reduced to $10.00,''

Miss Breeze, Secretary-treasurer, gave her report, after which Miss Judge, Secretary of the Constitution Committee, read over the Constitution and By-laws. Miss Randall moved in amendment that the Association should meet three times a year instead of once, and this motion was carried unanimously.

Miss Morrison, on behalf of the Victoria Club, extended an invitation to the Association to hold the next meeting in Victoria. The invitation was accepted. It was unanimously decided that the P. C. Association should invite the Nurses of the Canadian National Association to hold their annual meeting in Vancouver on their way to the International Congress, which meets in San Francisco in 1915.

The former officers of the Association were re-elected by acclamation, with the exception of Miss McDonald, of Victoria, who resigned the position of first vice-president. Miss Clark, of Victoria, was elected to the post of third vice-president by acclamation, Miss Randall, of Vancouver, becoming first vice-president, and Miss Patten, of Kamloops, taking the position of second vice-president. Miss Wright, of New Westminster, remains President, and Miss E. Breeze, of 1032 Barclay Street, Vancouver, continues as Secretary.

The afternoon session was opened with an address of welcome by Dr. Proctor, who assured the members of the sympathy and co-operation of the medical profession in their efforts to secure the passage of the Registration Bill. Miss Trew, President of the Vancouver Graduate Nurses' Association, gave a short address of welcome on behalf of the nurses.

Miss Scott read a paper on ''The Educational Requirements for Admission to Registration.'' Miss Randall, Superintendent of the Vancouver General Hospital, led the discussion. She thought that an Inspector of Training Schools would be of inestimable value to the small hospitals. The need for registration is great and simply because

other provinces had not done it was no reason why British Columbia should not pioneer the movement.

Miss Gillis read a paper on "The Tubercular Situation in Vancouver."

"Miss Gillis stated that there were hundreds of advanced cases of tuberculosis in Vancouver alone, half of which were not reported, in spite of the fact that those who knew of it, and were responsible for not reporting, knew the importance of obeying the law. This pointed to the necessity of more serious, systematic and concentrated efforts being made by all who have the welfare of their fellow-citizens at heart.

" 'It can be figured,' said Miss Gillis, 'that every death from tuberlosis increases the morbidity rate by five, and it would therefore appear as if the proper observance of the law by segregating of cases occurring in lodging houses, dormitory missions, tenements, and construction camps would be a tremendous step towards the prevention of tuberculosis. A good deal of help in this way could be furnished by training workers in insanitary surroundings in the precautions to be taken to prevent the disease from attacking them.'

"Miss Gillis instanced the case of three workers, A, B and C, who were fellow-workers in a wholesale house in the city. A contracted tuberculosis and was admitted to the sanitarium as an advanced case; eight months after B was admitted, and four months later C also became an in patient, being entered as a light case. After his admittance, C discovered that he had occupied the same room as B had done.

"Miss Gillis pleaded for the greatest rigidity in the administration of the immigration laws, as this was a fruitful source of infection, and stated that the housing problem was an overwhelming one in Vancouver. 'Within the last three months, within the limits of the city there have been 59 new cases, of which 42 were advanced cases, and of this number 45 were rooming house cases. This represented an increase of 100 per cent. over the same period of 1912, and there is every reason to believe that unless more stringent measures are taken immediately there will be a largely increased percentage in the near future."

"While the Vancouver General Hospital accommodated 18 and the Sanatorium 42 patients, they were always filled, and what could be done with advanced cases, asked Miss Gillis. The only preventive work at present being carried out in the city was by the anti-Tuberculosis Society Auxiliary.

" 'If we know that 300 houses in the city are unfit for human habitation, and as many more are overcrowded, why should they not be razed, and the infected soil turned up to the fresh air and sunshine? If three persons die every week in Vancouver of tuberculosis, is it not

up to the citizens to put their shoulder to the wheel, and to make every effort to stop the spread of this disease?' "

A resolution was adopted to the effect that the Graduate Nurses' Association of British Columbia would be glad to help the anti-Tuberculosis Auxiliary by every means in their power in the fight against the disease.

The morning session, June 14th, opened with a paper by Miss Norcross on "The Nurse's Mission in the World."

Miss Norcross dwelt on the increased sphere of woman's activities during the last ten years. The nurse's vocation has also widened and she is now employed in preventive work as school nurse, anti-tuberculosis nurse, social service nurse, and other fields undreamed of formerly. New York was the first city to appoint school nurses, in 1902, and Montreal was the first Canadian city to do so, some five years later, being followed by Hamilton in 1908, Winnipeg in 1909, Vancouver and Toronto in 1910, Stratford, London (Ont.), Brantford and New Westminster in 1911, Brandon, Saskatoon, Edmonton, South Vancouver and Victoria in 1912.

Miss McLeod, in her paper on "Social Service Work," stated that Vancouver took up this branch of work in March, 1912, and in the fourteen months since its institution 520 patients had been helped in various ways. Miss McLeod emphasized the need which existed for some link between the hospital and the outside world, and stated that a great deal of money had been wasted in the past for the lack of the social service work.

Since the opening of the King's Daughters Convalescent Home, good work had been done in providing comfortable homes for convalescent patients, supplying them with nourishing food, and in following up patients to their homes and attending them through the final stages of their sickness. A great work had also been done by tending those families which were left at home while the mother was in the hospital, and in many ways the social service nurse had abundantly proved her worth.

Miss Macnaughton, President of the Women's Local Council, stated they were in full sympathy with the nurses in their work and the school trustees were more than satisfied with the work of the school nurses.

The Alumnae Association of Vancouver General Hospital entertained the members and delegates at an informal dance at Lester Hall on Friday evening. At the close of the session on Saturday morning the Vancouver Graduate Nurses' Association entertained at luncheon at Glencoe Lodge. After luncheon Miss Randall, Superintendent of Vancouver General Hospital, entertained at tea at the Nurses' Home. The tea was largely attended and proved very enjoyable to the visit-

ing nurses and their friends. Early in the afternoon Miss Trew, on behalf of the nurses, presented a beautiful bouquet of carnations to Miss Wright, President of the Provincial Association.

Thus closed the first annual convention which, in the opinion of all, was a decided success.

Among the out-of-town nurses who visited Vancouver to attend the annual meeting of the Graduate Nurses' Association of British Columbia, were the following: Miss Morrison, Miss Noreross, Miss Hurst, Miss Williams, from Victoria; Miss Wright, Miss Scott, Miss Gray, Mrs. Dorgan, Miss Cassidy, Miss Slater, Miss Potter, Mrs. Major, from New Westminster; Miss Thornber and Miss Clarke, Kelowna; Miss Robertson, Nanaimo; Miss McIntosh, Wellington; Miss McLeish and Miss McLeay, North Vancouver.

A FOUR MONTHS' COURSE IN PUBLIC HEALTH NURSING, GIVEN BY THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION OF BOSTON.

Having had the opportunity to study this institution by taking the four months' course in Public Health Nursing, I would like to share my knowledge of the course with my Canadian sister Nurses, and I hope the following brief summary of the work will be helpful to them.

The Instructive District Nursing Association of Boston is an institution having for its aim the relief of the sick poor in their homes, and instruction in home nursing.

The program of the four months' course consists of a theoretical part, including a series of classes, lectures, conferences and discussions. The class work deals with the following subjects:

A.—1. An Introduction to the Social Field with special reference to the life of the industrial city family—who they are, how they live, their health, education, recreation, labor, politics, religion, ethics and ideals—to get a sympathetic understanding of their lives.

2. Social progress as to health, education, recreation, etc., considering what other agencies are doing and how best Nurses can co-operate with them. Changes in economic development causing growth of cities. Life of the industrial family in the city.

Who they are—Nationalities. Immigration.

Where they live—Housing. Sanitary problems.

How they live. Vitality and health of the family.

1. Growth of health powers.
2. Board of Health, city and state.
   (a) Water supply.
   (b) Milk supply.
   (c) Food supply.

Education—Schools. Settlements.

Recreation—need of

(a) Parks, gymnasiums, swimming pools, etc.
(b) Public schools as social centres.
(c) Clubs at settlements.
(d) Moving pictures, dance halls, theatres, etc.

Religion, ethical and political life—

(a) Local powers in the community.

Social life of the community from the point of view of man, woman and child.

History of poor relief—

1. Best measures to follow in helping needy.
2. Co-operation with other agencies.

Standards of living—

1. What tends to lower and the causes of poverty.
2. How to raise (a) Industrial training.
(b) Workmen's compensation.
(c) Social insurance.
(d) Organization of labor.
(e) Labor legislation.
(f) A living wage.

Conservation, efficiency and scientific management.
Development of public opinion.

B.—The History, Principles and Administration of Public Health Nursing, including the origin of district nursing, its purposes, principles and methods, records and record keeping, organization, administration and reports; and the development of school nursing, preventive work for babies, tuberculosis, nursing, welfare work in shops and factories, hospital social service and rural nursing.

C.—Medical-social Relation of Disease.

What can be done toward prevention as well as treatment in Infant Mortality, Tuberculosis, Alcoholism, Venereal disease, Neurasthenia and Occupational diseases.

Through a close relationship with the Boston School for Social workers it has been possible for the students to attend a course of lectures in medical-social work. These lectures have been delivered by leading medical and social experts.

The students attend the weekly meetings of the Instructive District Nursing Association, where interesting problems and social questions are discussed.

The practical work consists, first, in nursing the patients under the care of the Instructive District Nursing Association for two

months. By giving the nursing care thoroughly and kindly, the confidence and affection of the family are gained, and the nurse's advice not only as to the physical conditions, but as to general standards of living, is more likely to be followed. Student nurses are given great latitude in the care of their patients and work under the supervision of experienced, expert workers. The last week or ten days of the first two months is spent doing prenatal nursing, which includes visiting the prospective mothers in their homes, and helping to teach them the hygiene of pregnancy and the preparation for and care of the newborn baby. There are many Italians, Russians, Syrians and Greeks in Boston and many of these foreign mothers know very little about baby welfare. It is pleasing to go among them and they are willing and eager to adopt modern customs.

One month is spent with the Milk and Baby Hygiene Association, where the student works under the supervision of one of the experienced Baby Welfare Nurses of that Association. The work at the milk station consists in giving out pure milk, previously modified to suit the need of the individual baby; instruction, principally by demonstration, in the homes of these babies. The nurse teaches the mother how to bathe and dress the baby, how to feed it, and the proper care of milk, bottles and nipples. The greatest importance is attached to the value of breast feeding. Once each week there is a conference of doctor, nurses and mothers with their babies. The babies are weighed, the doctor examines each one, and those who are not doing well are kept under close observation until there is improvement in their condition.

There is also a little mothers' club, where Italian girls, of from eight to fourteen years, are taught the care of babies. In a very short time they are able to do many things for the baby at home, and when they in turn become mothers they will be able to care for their own babies in an intelligent manner.

Opportunity is afforded for school nursing in connection with the Boston School Nurses. The nurse visits the schools, observes in the homes of the school children, and goes to the various clinics with the children requiring treatment.

A portion of the four months is spent in the observation of welfare work in shops and factories, tuberculosis nursing, almshouse nursing, and nursing in institutions caring for the feeble-minded and insane.

As a part of the studies, visits are made to various agencies to observe their work, thereby making the class discussion both clear and practical.

The last month is spent with the Boston Associated Charities, an Association for the purpose of raising the needy above the need of relief, preventing begging and imposition, diminishing pauperism,

encouraging thrift, self-dependence and industry through friendly intercourse, advice and sympathy.

The Instructive District Nursing Association is a corporate member of the National Public Health Organization and shares the privileges and advantages of this great Association. Miss Mary Beard, the Director of the Instructive District Nursing Association, is one of the Directors of the National Organization.

One word about the life at 561 Massachusetts Ave., the Central House of the Association: It is delightful. I sincerely hope Nurses who are considering the advisability of taking this course may enjoy the four months as thoroughly as I have enjoyed them. I think I am expressing the opinion of a large number of public health Nurses when I say the Nurse just out of the training school, where she has acquired a knowledge, in theory and practise, of the difficult art of nursing, is yet unfitted for public health work until she has had experience and teaching in the various branches of this work.

Mary Isabel Magee.

THE STORY OF THE TORONTO GRADUATE NURSES' CLUB

When Darwin first proposed his theory of evolution all the orthodox were highly shocked at the idea and decided that it was contrary to the story of the Creation as told in Genesis. Now, whether or not we believe in Darwin's theory, we all believe in evolution. We find it wherever we look and especially so in that great subject of the high cost of living. We find it, too, in regard to women's occupations.

When one of our contemporaries was a babe, her mother, looking at her child and building castles for her, thought of but two occupations—school teaching and music teaching. When the baby became a child and saw a girl in the kitchen getting paid for services, she, having learned something of the power of money, determined when she grew up to become a "hired girl." When the child was grown to young womanhood she became a graduate nurse. Later her ideas changed once more and she became a wife and mother, and there ambition left her to build her castles in the air like the other mother, but with a broader outlook and greater range, the result of evolution.

In regard to nursing itself, Miss Nutting's "History of Nursing" is but one long interesting story of evolution. Coming nearer home and within the knowledge of most of us we see the same thing. In the evolution of nursing in Toronto the different stages have been most marked, especially to the nurses who have lived in Toronto for the past fifteen years. At first there was the rivalry and the "I-am-better-than-thee" spirit to be found between graduates of the different schools. Thanks to the good offices of the broader-minded among the

nurses, this began to wear away and the Graduate Nurses' Association of Ontario and the Central Registry were formed and "The Canadian Nurse" started on its career. In the fall of 1905 the Alumnae Associations of Toronto combined to meet the expenses of a course of lectures given by Miss Damer, Madame Von Wagner, Dr. Clarke and others. The resident graduates of schools outside of Toronto having no organization of their own and yet wishing to have some fellowship with the others, the next year helped to form the "Toronto Graduate Nurses' Social Club." But during this time the need of a meeting place was forcing itself more and more upon all, and Mrs. Broughall, in her address at the Central Registry Birthday Party, in June, 1906, put most clearly the need of a nurses' clubhouse. In March, 1907, some of the nurses interested met with Mr. Grier, a lawyer, and Mr. Paffard, a business man, to formulate a plan, and soon the "Toronto Graduate Nurses' Club" was incorporated, under the Benevolent Societies' Act, just three days before the Act went out of force. Twelve nurses signed the petition for incorporation and thus became the Incorporators. The object of the club was to obtain a clubhouse for nurses which should become the headquarters for nurses in Toronto and Ontario. It was felt that the different nursing organizations required a meeting place, the nurses themselves needed a place where they could meet one another and where those nurses visiting in Toronto might find a headquarters.

The shares of the Club were put at the small price of five dollars, in order to make it possible for all to join, those eligible being all who are eligible for membership in the Graduate Nurses' Association of Ontario. In order to raise funds for the cause an exhibition of trained horses and ponies was held at the Grand Opera House for a week in June, 1907, which netted $600. In November, 1908, a "Fair of All Nations" was held in Massey Hall, which was a success in every way, producing $3,000. In November, 1910, an "Extravaganza" was given in Massey Hall, which was a financial failure, and the nurses became discouraged in regard to entertainments until, in the fall of 1912, they held a Bazaar on a much smaller scale, which was such a success financially and in bringing the nurses together socially that it is to become an annual event.

Many different plans were suggested as to the form the Clubhouse should take, and at different times advertisements were inserted in the daily papers asking for suitable houses. In January, 1909, a house on Isabella Street was bought for $7,000.00. It was immediately rented for three months and when the tenancy expired the Club, not feeling it was a propitious time to open it, the house was sold, netting a profit on the transaction of $600.00.

Prior to this time and until July, 1911, when a room was rented

in the Canadian Foresters' Building, at 22 College Street, nearly all the meetings of the Club and its Executive were held through the generosity of Mr. Robertson and Miss Brent at the Residence of the Hospital for Sick Children. In November, 1911, Mr. John Ross Robertson, the kind friend of nurses and little children, made a most generous offer to the Club of a house on Sherbourne Street, he to provide the house and the Club to supply the furnishings and meet the expenses of operating. The offer was gladly accepted.

But Mr. Robertson's generous spirit was not content, and he must needs furnish the Clubhouse too. Mr. and Mrs. Robertson spared neither time, thought, nor money, and the result is a Clubhouse so comfortable, so artistic and restful that the Toronto nurses are the envy of all who visit it.

On May 6th, 1912, the Clubhouse was opened and formally presented to the nurses by Mr. Robertson and accepted on behalf of the members by Mrs. Paffard, the President.

Mr. Robertson, in his address, said in part:

"May I be permitted to say that, after providing for the comfort of those nurses in our own fold by the erection of a residence in connection with the Hospital for Sick Children, I felt that something ought to be done to promote the comfort and happiness of the nursing profession at large?

Men, as you know, have almost all the comforts of a home in their luxurious clubs, where they have pleasant resting-places in which to enjoy themselves and discuss the topics of the day, during the spare business hours.

And so the thought occurred to me, many years ago, that there was no good reason why the women of the nursing profession should not have their clubhouse just like the men, but I had so much other work on hand that I laid the idea on the shelf to be taken up later.

Some years ago the graduate nurses of Toronto made a start in the same direction. They wanted a clubhouse, issued a prospectus, and obtained an act of incorporation and accumulated some funds.

But the financial problem was a difficult one to solve, and, seeing that the goal of their ambition was not likely to be reached for many years, I felt that the best thing I could do was to provide a building, with equipment complete, which would serve as a centre for a meeting-place for all the associations identified with the science of nursing in Toronto.

You believe, and I believe, that this city requires such headquarters as are here provided.

You are now supplied with a clubhouse, furnished throughout, and handed over to you for a two-year test of your experiment.

If a long-felt want is here, the clubhouse to meet that long-felt want is also here.

The future of the experiment is in your hands, and I trust that the nurses of Toronto recognize the responsibilities which accompany the gift, for the future of the clubhouse depends on the support the nurses of Toronto give it.

I have tried to do my part, and am ready at all times to further the success of this venture, in which we have all combined to establish a centre of association for all the nurses of Toronto.

Remember, this clubhouse is not for the use of any clique or class, but for every woman who has devoted her life to your noble profession and has qualified to follow that profession.

The future of this experiment lies with you—to make or to mar—and I now declare this clubhouse open, in the hope that the success and usefulness of our experiment may exceed our fondest anticipations."

Mr. Robertson has not confined his gifts to the house proper, but has added a player-piano, pictures and numerous other articles.

Miss Annie I. Robinson was the first Superintendent, but in September she was compelled to leave, much to the disappointment of the members, owing to illness at home. Miss McKenzie was chosen as her successor, proving herself since that time one having her heart in her work.

The Clubhouse has more than fulfilled expectations. At one time there were, possibly, dreams of a noble building accommodating all the Women's Societies of Toronto, but, as is often the case, the reality is more satisfying than the dream. Nurses from many countries have been its guests and have gone home to tell how well they liked the Toronto Nurses' Clubhouse. The Central Registry now makes its home there and doctors and nurses feel freer to visit it than when it was in a private house. The Social Service Workers and the School Nurses' Association have their meeting-place at the "Club." Nurses' Societies have business and social meetings there. Nurses have lunch and afternoon tea, and feel that at last they have a place of their own. The membership has increased very materially, but all the graduates in Toronto are wanted. There are many members who are non-resident in Toronto and these feel that they have a home in the city to which they can go. May the Toronto Graduate Nurses' Club long flourish and prove a boon to all Nurses whether resident in Toronto or not.

Lucy B. Pellatt.

AN EXCURSION

Mrs. Crawford Hamilton

The old legend "See Rome and die" never appealed to me, because I never wanted to see Rome, but I always wanted to see Mount Robson, and now that I have actually seen the highest mountain in the Rockies, I feel I can die content. Through the courtesy of the C.P.R. and the G.T.P. railways the Canadian Women's Press Club held its triennial meetings in Edmonton, the second week in June, and after several strenuous days of business meetings and various entertainments, the whole party of one hundred and eight boarded the special train of Pullmans that the G.T.P. had ordered to take them to Tete Jaune Cache, on a trip to the end of steel. What a lot of assorting and good-natured bantering there was when it was found that a good many would have to "double up" and sleep two in a berth. Naturally, the pairing off went by size, and weight, and happy were those who could choose a "Bunkie" to suit their requirements. Finally, all was arranged satisfactorily, and meanwhile the train had slowly pulled out of Edmonton and now all was quiet and the weary ones already asleep. Next morning we found that we were well into the mountains, and by breakfast time we were entering the famous Jasper Park. Here the scenery is very similar to that of the National Park at Banff, although in the opinion of those who had seen both, the mountains at Jasper Park did not seem as high nor as close as those at Banff. The old "Jasper House" post of the H.B.C. is three miles away up the valley from the present station called after it. About eleven o'clock we stopped at Robson Siding and all got off to view the scenery. Evidently the old mountain was expecting the ladies, for when we first saw him he had a cap of fleecy-white cloud pulled well down on his brow, but just as soon as everyone had got onto the ground and every camera fiend ready for a snap, then he became at once a "Knight of Old" and doffed his cap that the ladies might view him in all his majesty of snows and height. It seemed to inspire each one with the spirit of vast silences and there were no exclamations of delight until all were ready to turn back to the train, and even then there seemed to be no language rightly fitted to express the grandeur of that "Cloud-lifting." Now our way wound along the high cliffs on the bank of the Fraser, gradually descending until we reached Tete Jaune, about 2 p.m., where we made a lengthy stop in order to see the sights. It is almost entirely a city of tents with a few roughly constructed houses, but has a population of nearly a thousand men with a few women. As the Fraser was so high it had flooded all the flats around the "City of Tents," and we could not go all over the place, one of the places flooded being the small Hospital which is in charge of two Sisters of Mercy and the Company's Doctor.

At present, as there were no patients, there was no trouble about it. Many of the Press Women from Eastern Canada had never seen a "City of nearly all Men" before, and it was quite a novelty. They all turned out for our benefit and did the honors of the place. We went down to the river to see some of the scows start on their way to Fort George, and I know there was many a silent prayer offered for the safety of those men on the scows. The Fraser here is a treacherously smiling, oily-looking stream, and the moment a scow was let loose it seemed to go with the speed of an express train, so that momentarily we expected to see it disappear under the water, as it looked as though the river was flowing so fast behind it that in a few minutes it must flow over the slower-going object.

Next we went to where they were building the scows, and found that they are not built to last more than the one trip, as nothing can navigate up the Fraser, so that those scows fortunate enough to reach Fort George are never used again, but are broken up for the lumber which they contain.

A rather funny incident occurred when we were watching an old Scotchman who was calking a scow. One of the younger Presswomen from the East said: "I have never seen so many men together before, and I suppose you have never seen so many women as are here to-day, at one time." "No," said the Scot, "but I have been married." "Oh," said the lady, "and is your wife here." "Indeed, no," said the Scot, "she is dead this fifteen year." Then he added quickly as an after thought, "But, Miss, I am open for an engagement, and the Magistrate lives up the hill." I offered to stand as witness to the bargain, but the Eastern lady was not to be won in such a truly Western fashion, so one romance was nipped in the bud. We sadly said good-bye, but some of the men said, "No, only Au Revoir, as we will certainly come east to spend the winter and see if we cannot persuade some of you unmarried ladies to come back and ply both pen and pans in this new country."

Our trip back to Edmonton gave us views to impress on our minds the most noted points of interest, and so ended a very pleasant and profitable excursion. On our return to Calgary the C.P.R. provided a "Special," and took us to Banff, where we were the guests of the Company at their fine Hotel. Very large additions have been made to it during the past winter, and the new dining room was opened with a grand ball, in honor of the visiting guests. Needless to say that everyone donned their very best gowns and did honor to the occasion by enjoying themselves immensely. The next day some of the party went to the Coast, but the majority turned eastwards and separated at Calgary, with feelings of regret that a very enjoyable holiday had come to an end. There was one thing that will always live in the memory of

the club, and that was the text of our retiring President's address: "That there is neither East nor West, but that it is all one Dominion, therefore our ideas should combine both East and West and so make a glorious whole." It was a fine, broad motto, and it is to be hoped that all the members of the club will act upon it, both in writing and in daily life.

MRS. MILL PELLATT
(Miss Lucy Bowerman, Class 1895, Toronto General Hospital.)

THE NEW TORONTO GENERAL HOSPITAL

The doors of this large, stately institution yielded as Sir. John M. Gibson turned the golden key on June 19th, at 3.15 p.m. A very large gathering of interested citizens witnessed the opening, and gave close attention to the addresses that followed.

Mr. J. W. Flavelle, Chairman of the Hospital Board, occupied the chair, and with him on the platform were His Honor Sir John Gibson, Lieut.-Governor of Ontario; Sir James Whitney, Premier of Ontario, Rev. Murdoch Mackenzie, Bishop Reeve, Rev. Father Kidd, Rev. Chancellor Burwash, Mayor Hoeken, the Board of Trustees, and others.

Rev. Murdoch Mackenzie read the opening psalm, and Bishop Reeve offered the invocation.

Sir John Gibson, in his address, regretted the absence of His Royal Highness the Duke of Connaught, whose interest in institutions dedicated to the needs of suffering humanity is well known.

Sir James Whitney astonished and gratified his audience by announcing that the Government "had decided to appoint a commission to deal with the whole subject of medical education and the practice of medicine. The object of this will be to secure information on which to base legislation under which every imaginable application such as I have described can be regulated and controlled and governed in the interests of the people."

The commission will have power to investigate and deal with all societies and practitioners whose object is preventing, healing or curing human disorders. It will be the object of the commission to investigate and report upon all matters relating to the education or practice of medicine; the constitution, powers and by-laws of the College of Physicians and Surgeons of Ontario and the Ontario Medical Council; the medical faculties of all universities; osteopathy, and the desirability of the creation of a College of Osteopathy in the province; dentistry; optometry; nursing; Christian Science and any other science in the way of healing practised by any other sect.

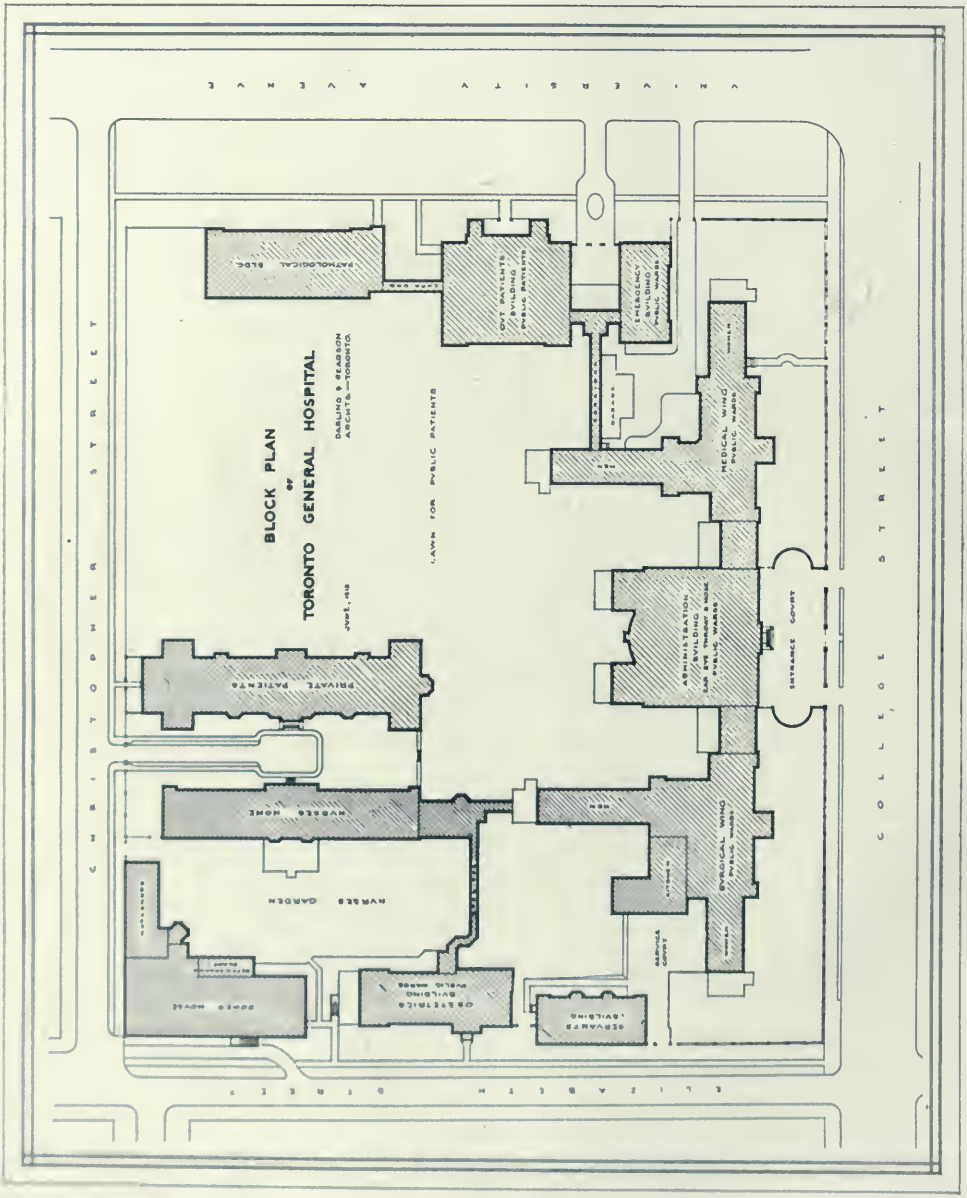
Mayor Hocken congratulated Sir James on his announcement.

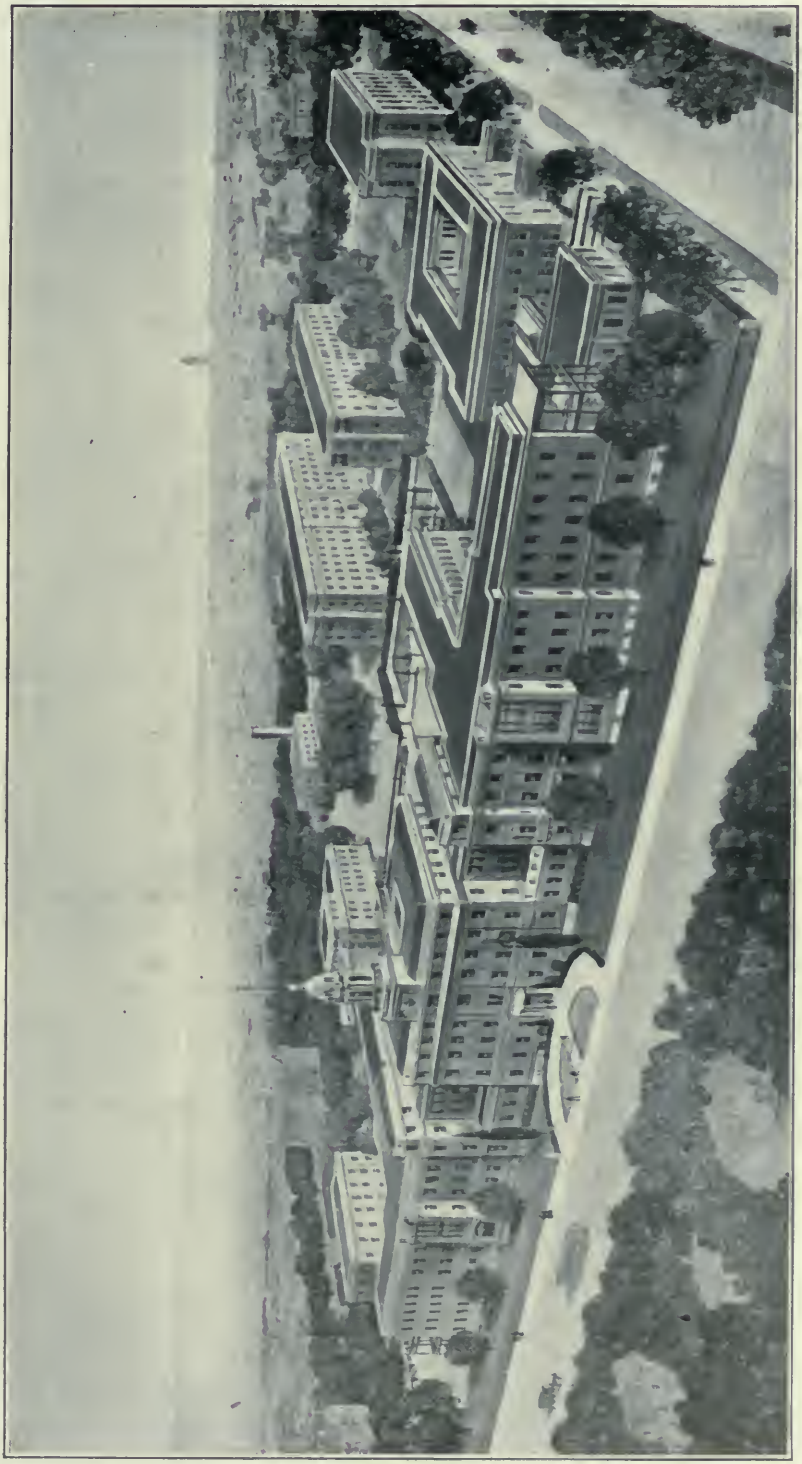
To his Honor Sir John Gibson, Sir James Whitney and Mayor Hocken souvenir keys of gold in the Yale pattern were presented, as well as de luxe copies of a history of the hospital, written by Dr. Clarke.

Mr. Flavelle, in his address, went back to the beginning of the history of the Toronto General Hospital.

In 1818, lands in the County of York were set apart by the Government as a hospital reservation. From this ancient beginning the present magnificent general hospital received its start. Following are some excerpts from Mr. Flavelle's address:

In 1820 the building of the first general hospital in Toronto—on King and John Streets—was commenced, the sinews of war being


BLOCK PLAN
OF
TORONTO GENERAL HOSPITAL
DARLING & SEARON
ARCHTS.—TORONTO.
JUNE, 1913
LAWN FOR PUBLIC PATIENTS
CHRISTOPHER STREET
COLLEGE STREET
UNIVERSITY AVENUE
ELIZABETH STREET
PATHOLOGICAL BLOCK
OUT PATIENTS BUILDING
PRIVATE PATIENTS
NURSES HOME
NURSES GARDEN
POWER HOUSE
OBSTETRICS BUILDING
PUBLIC WARDS
ISOLATION BUILDING
PRESIDENT'S BUILDING
PUBLIC WARDS
MEDICAL WING
PUBLIC WARDS
ADMINISTRATION BUILDING
AND PRIVATE PATIENTS
PUBLIC WARDS
ENTRANCE COURT
SURGICAL WING
PUBLIC WARDS
MEN
KITCHEN
SERVICE COURT
MORTUARY BUILDING



BIRD'S-EYE VIEW OF TORONTO GENERAL HOSPITAL.

provided by £4,000 sent from England. In 1854 a new hospital, covering some seven acres of land east of Parliament Street was completed. In 1868 it was closed through lack of funds for maintenance, but was re-opened in 1869 upon receiving a small grant from the city.

In 1877 Messrs. Cawthra, Gooderham and Worts provided the cost for the western division of the main building. In 1882, through subscriptions received from private citizens, the woman's pavilion was erected.

In 1904 it was decided to build a larger hospital, and the trustees decided to change the location, the site on College Street being selected. The hospital just opened has a capacity of 670 beds, 300 more than the old one, and cost $3,450,000.

Donors to the Toronto General Hospital—past and present—include these names and amounts: Mr. Cawthra Mulock, $100,000; trustees of Massey Estate, $100,000: Senator Cox and family, cost of Nurses' home; Mr. J. C. Eaton, $350,000; an anonymous giver, $300,000; Misses Agnes and Jane Shields, $140,000; the trustees have also received several donations of $25,000 and $50,000; the Whitney Government gave the hospital $300,000 and the city $200,000.

Three weeks ago the trustees applied themselves to the task of securing $800,000—the balance owing uncovered by subscriptions—and have so far secured $300,000 from private citizens; the City Council has recommended that a further grant of $210,000 be made by the city, and the citizens generally are asked to co-operate and help secure the remaining $300,000 of indebtedness. Subscriptions of $50,000 had been received during the morning.

A deep sense of appreciation was expressed for the services of the men and women who, in the past, have ministered to the needs of the sick in the wards of the Toronto General Hospital, and there was warm applause when the names of Dr. Charles O'Reilly, Miss Snively and Mr. A. F. Miller were mentioned.—*The Evening Telegram.*

Other speakers were: Mayor Hocken, Mr. J. C. Eaton and Rev. Father Kidd. Rev. Chancellor Burwash pronounced the Benediction.

Sir John Gibson and Mr. Flavelle then led the way into the building, where all viewed with keen interest the provision made for the care of Toronto's sick. The visitors eventually gathered at the out-patient department, where refreshments were served.

THE SCHOOL NURSE

The regular monthly meeting of the Canadian Public School Nurses' Association was held Monday, June 2nd, at 3.30 p.m., and being the last meeting for the year a picnic was held at Centre Island Park.

One of the points in the business was that the out-of-town members be asked to send some news or messages for each meeting. In September we hope to have such a letter from all co-workers who read this page.

At the recent Congress of the Ontario Dental Association in Toronto, Dr. D. King Smith, specialist in skin diseases, gave a paper on "The Mouth Aspects of Syphilis," some of the points of which will be of great assistance to the school nurse in her review of the hundreds of mouths she daily sees.

Dr. Smith called attention to the fact that syphilis is a constitutional disease, the medium of distribution being the blood and lymph, and having marked manifestations in the mouth and throat.

These may consist of nothing more than a chancre on the lip, looking sore, but in reality painless and having a welt-like feeling to the touch—or there may be a coldsore which refuses to heal, accompanied by slight fissures around the nose. In the mouth the lesions are most frequently on the sides of the tongue where it is roughened by the teeth. Such a patch shows a sharp line of demarcation between the infected tissues and those surrounding. The sores in the throat may be very slight, or may extend to the destruction of uvula, tonsils, etc. In some cases hoarseness and a falling out of the hair will be the only indications of a superficial examination, but in such cases the microscopic test is made. The stigmata on the teeth ("Hutchison teeth") do not signify unless accompanied by other manifestations.

The Canadian Nurse-School page is greatly in need of news from the members of the profession practising elsewhere. If the news is gleaned entirely from Toronto it is apt to become too local—we need news from other districts. Will every reader consider this a personal obligation and write us as frequently as possible of new methods, new problems, etc., the sender may not consider her item interesting because she is familiar with it, but it may be an entirely new phase of a subject, or a new solution of a problem to someone else.

On May 6th, 1913, at Niagara Falls, Ont., the marriage was celebrated of Miss England to Mr. J. Morphy. After a short holiday Mrs. Morphy returned and resumed her position in charge of the school nursing in Niagara.

Nose-blowing drill is one of the new features of the nurse's work during the class room inspections. If teacher and nurse treat the

subject seriously, the children soon accept it as such, and come to realize that a handkerchief is one of the essentials of dress. After the drill is completed the whole class is made to breathe deeply, to demonstrate the comfort of clear breathing passages. This will have an inestimable value in the breathing and prevention of adenoids in the children.

A school nurse says: "In my opinion, the value of school nursing can scarcely be over-estimated. By its far-reaching and lasting influence for good on the physical and mental development of the child, its usefulness has been firmly established."

For the protection of immigrants against imposition and false representations, an Order-in-Council has been passed requiring all companies, firms or persons carrying on the business of an intelligence office, or employment or labor agency, to obtain a license from the Superintendent of Immigration, Ottawa.

CORRESPONDENCE

Helena, Montana, June 16th, 1913.

To the Editor of "The Canadian Nurse,"

Dear Editor,—

I am sending you a copy of our Bill on Registration of Nurses; with the rules governing the State Board, also those for the Registration of Training Schools.

The Board will hold its annual meeting in Butte, July 21st, giving examinations for any graduate not in the state at time of passage of Bill, also examinations for non-graduate nurses.

At that time all applications and credentials of graduate nurses eligible for registration without examination, will be passed on by the Board.

The Montana Bill stands for compulsory registration, and it is believed after July 21st, 1913, there will be few graduate nurses in good standing who are not also registered nurses.

Some of my friends in the nursing ranks in Ontario have, at times, asked me to send news items to our valuable "Canadian Nurse," that is why I am taking up your time telling you of our work here in the West.

Yours truly,
MARGARET HUGHES.

Honor does not wound the feelings of others. Ridicule does, and ridicule is a mild sort of persecution. It is not common courtesy to ridicule others, much less Christian charity.

Editorial

MUCH HAPPINESS TO OUR PRESIDENT!

The Canadian Nurse follows the President of "The Canadian Nurse Editorial Board" into her new home with the best of good wishes for future happiness. We are sure we voice the sentiments of every member of the Board in thus rejoicing in the happiness of our President. We have gained one more adviser, not lost our President.

REGISTRATION OF NURSES

The struggle on the part of the Nurses of the State of New York to make the Registration of Nurses mandatory unfortunately ended in failure. But evidence that this advance step is in the best interests of the profession is not wanting.

Some have realized that only by all properly qualified nurses being registered can we attain reasonably near to our ideals of efficiency and give to the public the power to discriminate and choose.

Two amendments to the Delaware Bill were obtained last session—one providing for compulsory registration. Montana stands for compulsory registration, as you will see by Miss Hughes' letter. Section 13 of the Montana Bill reads: "It shall be unlawful hereafter for any person to practise nursing as a trained, graduated, or registered nurse without a certificate as herein provided for."

Thus a sharp line of division between the trained and untrained will readily be discerned by the public, who will no longer be at a loss to know the quality of service to expect.

This high note of ensured efficiency was struck very emphatically at the convention in Atlantic City, when the great American Nurses' Association, comprised of over 20,000 nurses, put itself on record as unanimously endorsing compulsory registration of nurses.

These sections of the Montana Bill will be of interest—Sec. 9: "All applicants for registration under the provisions of this Act shall furnish satisfactory evidence that he, or she, is at least twenty-two years of age, of good moral character, and has been graduated from the training school of nurses connected with a general hospital approved by the Board, where a systematic course of at least two years' instruction is given, and all persons registered under the provisions of this Act shall pay to the Secretary of said Board a registration fee of ten dollars."

Sec. 6: "The President acting as Inspector of training schools shall inspect all training schools in the State of Montana, and shall

report to the Board and the Governor such training schools as shall provide courses of instruction in the subjects required by the Board. The Secretary shall enter in the registrator kept for this purpose the names of all nurses which are entitled to registration under the provisions of this Act. The schools so registered shall be required to pay to the Secretary of the Board a fee of twenty-five dollars upon registration."

THE NURSING EXHIBIT AT SAN FRANCISCO

Miss Dock, in outlining plans for this exhibit, seems to think that it must consist largely of American nursing. By this we presume Miss Dock means an exhibit furnished by the nurses of the United States, for she mentions specifically the national organizations, the Army and Navy and Rural Nursing, Social Service, etc., of that country.

We would respectfully draw attention to the fact that Canada is just across the line, and that The Canadian National Association of Trained Nurses stands ready to help make the Congress of 1915 the best yet.

THE DOMINION MEDICAL COUNCIL

The Confederation of the Medical Profession in Canada was marked by the opening of the Dominion Medical Register in July 1st—Confederation Day.

Now the graduate in medicine may take the examination set by the Dominion Medical Council, have his name entered in the Dominion Medical Register, and he has the privilege of practising in any Province in Canada upon registering with the Provincial Council. Examinations in each Province are no longer necessary.

The Dominion Medical Council held its first meeting in Ottawa in June, and made arrangements for the first Dominion Examinations, to take place in Montreal, on October 7, 1913.

This advance step, long advocated, has finally been accomplished. When will the nursing profession reach a similar plane?

THE CONVENTION AT ATLANTIC CITY

Webster says a convention is a body or assembly of persons met for some common purpose.

Viewing the great gathering at Atlantic City, one realized that the "common purpose" was a compelling force amongst the nurses, for every state in the Union was represented, not by one or two, but in

most cases by a number of devoted workers. There were also a number from Canada.

What was the "common purpose," the compelling force—the best amelioration of suffering, the prevention of disease, the best way to help people keep well and be good citizens—in fact to make the very best of life.

Will this "common purpose" be realized? Undoubtedly. Every session was crowded with eager listeners, and every speaker had a definite, helpful, inspiring message that bore the stamp of having been tested, that, in the days to come, will bear abundant fruit in every department of work—more united, enthusiastic effort; greater efficiency; deeper, truer consecration of the workers if that is possible, a great, wonderful, splendid convention, that was very much worth while!

Mrs. Mill Pellatt gives in this issue the story of the early days of the Toronto Graduate Nurses' Club, but she modestly omits the information that she mothered the cause. The idea was first conceived in her brain, the initial steps were promoted and made possible by her perseverance. It was entirely due to her unfailing enthusiasm and untiring energy and resource that the corporation really came into being and accomplished the things that it did before the days of the Club House.

The substantial fund collected by strenuous effort during the years of Mrs. Pellatt's presidency made it possible for the directors to undertake the operation of the beautiful Club House so generously donated by Mr. Robertson.

Mrs. Pellatt has, too, always taken a keen and active interest in The Graduate Nurses' Association of Ontario, in her own Alumnae and in The Canadian Nurse.

The profession owes much to this noble member whose interest never wanes.

Mrs. Hamilton's article will recall to many the early days of The Canadian Nurse, when she was a member of the Editorial Board, and a regular contributor. Her interest never wanes, and is a help and inspiration to those more closely connected with the work.

We much regret our inability to make good the promise to reproduce in this issue some of the papers given at the Convention at Berlin in May. For some unexplained reason they have failed to come to hand, and at the last minute we are obliged to change our plans.

The Guild of Saint Barnabas

As an old Guild member, I should like to say how glad I am that I had years ago the opportunity of joining the Guild. I wish more nurses might avail themselves of the privileges of membership in the Guild at St. Barnabas---especially more young nurses, during their training school days.

It is true and commonplace to say that a nurse's life is full of temptation, but that such is the fact we, who are nurses, surely know. In hospital there is the constant rush—the pressure of work—anxious work always, wearing alike one's mind and body, and not seldom making one's heart ache as well. So many things have to be crowded out and the things of the spirit are so likely to be among them. Surely one needs here all the help one can get, and the rule and aim of the Guild of St. Barnabas are a help. I know this by my own experience, and by that of other nurses. Among so much that is new and upsetting, the Guild rule and the Guild meetings help to keep one steady—help one, amidst new scenes, to walk in the old paths of faith and religious observance. Many a time in a nurse's life the Guild may be the influence which turns the scale on the side of the things which are "true and lovely and of good report."

And when one leaves the hospital and leads, it may be, the somewhat homeless and lonely life of a private nurse, the friendship of the Chaplain, of the Superior, and of the other Guild members, may mean so much. But the Guild can do something more than be a help to oneself—it can make one of greater use to others. Because as a Guild member, regarding nursing as indeed a vocation, one can truly help "to raise the tone of the profession," striving to make the Guild a real force for righteousness amidst much that is secular and commercial in the nursing world.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

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Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The members who were not able to be present at the annual meeting will have read, with interest, the splendid papers given there, which were fully reported in the July issue of The Canadian Nurse. It is taken for granted that every member is a subscriber, and therefore, will have a copy of the report.

New plans, new methods of work will suggest themselves as you read and study. Let not these be lost in space, but note them, present them to the officers, have them discussed, and thus will be developed a splendid co-operation, without which our work lacks that co-ordination which spells efficiency and makes possible the best results.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Avenue.

The Alumnae Association held its annual picnic for the graduating class, in Dundurn Park, June 14th. There were forty-four present.

Misses Madden, A. Carscallen, Kennedy, Emerson and three pupils of H.C.H., compose the nursing staff appointed to go with the cadets at their Niagara Camp, July 7-8-9th.

Miss Lanaway, one of the staff of Dr. Bull's Private Sanitarium, New York, is spending a few weeks in Hamilton, en route to her home in Woodstock.

Miss Hippel leaves in July for Stockbridge, Mass., to meet a patient, with whom she expects to travel for two years on the Eastern Continent.

Miss Dalglish, Assistant Superintendent of the hospital in Scott, Sask., is holidaying at her home in Woodburn, Ont.

Miss Tory, Night Supervisor of the H.C.H., is taking a month's vacation. Miss Scarlet is substituting.

Miss Dow, nurse in charge of two wards in Woman's Hospital, New York, is enjoying a month's rest at her home in Hamilton.

Miss Wright received a sudden call to her home near Guelph, owing to the illness of her father.

Miss Lillian Tobias has resigned her position as nurse in charge of Ridley College, and Miss Ida Carr will occupy it for next term.

Miss Grant, who underwent an operation on July 3rd, at H.C.H., is making a very favorable recovery.

The engagement is announced of Miss Lillian Tobias, Class '08, to Mr. Herbert J. Flynn, M.A., of Ridley College, St. Catharines, Ont.

In the Queen Alexandra ward of H.C.H., a daughter was born to Dr. and Mrs. McIlwraith (nee Miss Ida Howard, Class '01).

In the Portage La Prairie Hospital, a son was born to Mr. and Mrs. Machan (nee Miss Summerfeldt, Class '05).

The best wishes of the Graduates of H.C.H. go with Miss Margret Barwick, Class '12, who became the wife of Mr. Edgar Dickinson, of Schenectady, N.Y., on June 25th, 1913.

At the June meeting of the Alumnae the time for meeting was changed from evening to afternoon, for balance of year, to ascertain which time is most convenient for the majority of nurses.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips has returned from her visit at Watertown, N.Y.

Miss Barnard, Lady Superintendent of The Children's Memorial Hospital, left last week to spend the summer in England.

Miss F. Thomson, who has been abroad for some weeks, is expected home in a few days.

We are glad to hear that Miss Smardon, who has been ill for some time, is able to take duty again.

The Lancet gives the following regarding "The Regina Elena Nursing School," Italy:

"On March 31st, in the reception hall of the Quirinal H. M. Queen Elena presented their diplomas to the 16 nurses who have completed their two years' training, and personally pinned upon their breasts and upon those of the nine English nurses who have served for two years as teachers in the school, a silver medal struck for the occasion. H. M. the King was present at the ceremony, with several of his ministers, and a large company representative of the society of the capital and the professional world. The school, which now numbers 55 probationers, is under the direction of Miss Dorothy Snell and other English nurses. It owes its institution to the initiative of Queen Elena, whose personal example after the earthquake of December, 1908, has done much to raise the status of nursing in Italy."

SOCIAL SERVICE AND HOSPITAL EFFICIENCY

By Helen R. G. Reid, B.A.
Director, Social Service Department of the Victorian Order of Nurses, Montreal.

(Continued from July issue.)

Hospital Social Service, not then called by that name, started as long ago as 1791, in the London Hospital in Whitechapel Road. A Nurse with three Assistants has had charge of the work there for the last twelve or fourteen years. It was taken up in the Massachusetts General Hospital in 1905, with one worker, at a desk in a corner of a corridor. There are now 22 workers, 24 volunteers, and 15 student volunteers in the wards, and three clinics, and the sum of $15,500 was last year expended on salaries, supplies and special purposes. Since then great interest in the subject has been created, and forty or fifty hospitals have established the service. Bellevue Hospital, New York, has now a staff of 35 workers in the wards, two clinics and offices, besides special volunteer committees in eight departments. The Boston Dispensary inaugurated Social Service in 1909, and the staff now consists of 9 regular workers, 8 student workers, and 4 volunteers, $6,000 being the item of expense for this department taken from the General Dispensary account.

A point has been raised as to the advisability of outside philanthropic agencies providing Social Service for hospitals. Dr. Cabot and Mr. Michael Davis endorse in their reports the following views on this subject of Miss Wadley, Head Worker in Bellevue Hospital, N.N.:

"In asking financial support, and even in admitting their patients, do not hospitals tacitly guarantee to do everything possible to effect a cure? If, then, the medico-social clinic and social workers are positively needed to that end, is it not the hospital's plain duty to establish and maintain that department, just as much as it now maintains its drugstore and its ward Nurses or its X-ray room?

"And this duty is not accomplished when a hospital accepts such a service from some philanthropic organization—the closest co-operation there must be with all such—but to accomplish the best work the impulse and direction must come from within the hospital itself, from its medical staff, if possible, or from its Superintendent.

"It is a therapeutic undertaking and needs medical understanding for its direction and execution, and as such should be dignified by being made a department of the institution—otherwise such a service must fail of its highest achievement."

Mr. Davis says: "The intimate relation between the clinical physician and the Social Worker cannot be developed unless the Social Service were supervised by the management as an integral part of the administrative system of the institution."

For the following suggestions re Hospital Efficiency and frequent verbal treatment, my acknowledgements are due to Mr. Michael M. Davis, Ph.D., Director of the Boston Dispensary (42,000 out-patients in 1912); to Dr. Richard C. Cabot, chairman of the Social Service-Department of the Massachusetts General Hospital (40,000 patients in out-clinics in 1912); to Dr. C. Morton Smith, of the Boston Dispensary; to Dr. Menass Gregory and Miss Mary Wadley, of the Bellevue and Allied Hospitals of New York.

Hospital cures cannot be effective if patients are turned out of ward beds too soon in order to make room for worse cases than their own, or if they require subsequent treatment which they are not in a position to follow. After-care is needed to prevent John X. from progressing from one hospital ward, where his diagnosis was pneumonia, to another ward or hospital with a diagnosis of tuberculosis, all for the want of an overcoat, perhaps, when he left the ward in the very early stage of convalescence. If the Social Worker is not at hand to help James S., surgical case, discharged as improved but needing dressings, what is to become of him, living alone, unable to work, with room rent over-due? Even if he were able to work, what employment would admit of his taking practically three half days a week to wait sometimes two hours for his turn in a crowded clinic? Here we have a vagrant in the making, unless he has the proper nourishment to build him up and means are found to house him and let him take his treatment. Half measures are sheer waste, and a case should be seen through to a practical conclusion. Each disease and each individual requires different social as well as medical treatment, and kindly common sense must supplements the doctor's orders. Cases of tuberculosis, perhaps, need to be placed in institutions or under class treatment. They may require home nursing or mountain air, and the patient or family may need to be supported during the time of treatment. Precautions must often be taken against contagion—new cases are frequently found during

visits to the home and investigation of conditions there. Help may be needed in finding or changing work for cases of discharged tuberculosis, typhoid, alcoholism, heart disease, industrial diseases, chronic joints, etc., and the general work if instruction in hygiene of the person and home has always to be pressed by a social worker in order to supplement the work of the doctor in the ward or clinic. Here we have poor William M., ill for two years with abscess and subsequent amputation of the leg. He needs strengthening food and, later, a $100 wooden leg to enable him to fill the position that is waiting for him. Little Jane F. needs glasses or a brace—the family are too poor or ignorant to realize the importance of this. The social worker is successful in educating them to the right point of view, perhaps has to assist them, and Jane becomes a valuable working member of society instead of a half-blind discouraged woman or cripple.

Similar service may be rendered to cases in the outdoor clinics of hospitals or dispensaries. In the three cities of Boston, New York and Chicago, the out-patient departments and reputable dispensaries are providing for fully 2,500,000 people (45 p.c. of the population of Chicago, and in Boston and New York 1-3 p.c.) and are expending annually at least $1,500,000. In the country as a whole, millions of dollars are thus spent. Practically nothing has been done, however, to estimate achievements in relation to expense—to compare results with the cost. An out-patient clinic diminishes its efficiency and wastes a large part of its time and money in examining patients who never come back for treatment. Thousands of dispensaries now treating disease are still content to assume that if the patient does not come back after the first visit, he is probably cured.

As Dr. Cabot, of the Massachusetts General Hospital says: "This is like supposing that a school boy who never comes back after the opening day of school is staying away because he is cured of all ignorance and possessed of all knowledge." The frequency and regularity of patients' return are undoubtedly affected by the length of time they have to wait; the pleasantness or curtness with which they are treated by the employees of the institution; the clinical routine, the amount of privacy during examination, the number of personal questions asked, and the tact and skill with which such information is sought. Even objects of charity are human beings. Mr. Michael M. Davis, Director of the Boston Dispensary, says in this connection: "If we would realize our ideal of treating not only diseases, but men, women, and children, one of the practical things to do would be to see that the rules and general routine of out-patient clinics are adapted to patients as well as to administrative convenience. The particular blindness of a medical institution is to see diseases instead of persons—a series of more or less abnormal, and therefore interesting, limbs,

eyes, livers, and hearts, incidentally connected with human beings. We need to have the eye that sees people as well as disease. The patient must be looked upon as a human being, a member of society, and results are to be judged by the improvement produced in his health, his working and living efficiency as a member of a family." In a study of clinical efficiency last year, in the children's clinic of the Massachusetts General, Dr. Cabot found "That out of 779 patients, 57 per cent. of miscellaneous cases had only one visit, 50 per cent. of children with bronchitis never come back, 45 per cent. with chorea made only one visit, and so on through a list of seven other diseases. Many of these children were doubtless cured, but only a second visit can enable us to be sure of this. They may have died, they or their parents may be too indifferent, too busy, or too ignorant to carry out the treatment, or they may have gone to other hospitals or private doctors. Without a home visit or a second visit to the clinic it is impossible to be sure that the bronchitis has not turned out to be tuberculosis, that the choreic child has been kept sufficiently quiet without making it neurasthenic."

Besides curing acute illness, training nurses, advancing scientific research and teaching medical students, hospital efficiency must now include the meeting of the problems of after-care; remedying home conditions which cause disease, instructing patients in hygiene and educating the public to co-operation with physicians. This huge wheel of hospital efficiency is kept moving onward by the stream of public benevolence which supports the hospitals, and if any of the spokes or paddles are missing, the energy of the stream is wasted.

The social worker's task in ward and clinic is to fill up the holes in medical work, and to make that work tell permanently. She has to meet the problems of patients' lives which, running alongside their physical condition, affect powerfully the continuity and practicability of adequate medical treatment. The follow-up care given by the social worker is the most important step in assisting in carrying out treatment and in seeing that patients return to get treatment. The physician, has as a rule, neither the training nor the time to grapple with the conditions of poverty, industry and personality which lie behind a large proportion of the diseases of patients. Unless they are dealt with, however, neither patient nor physician can expect to get satisfactory results, and there is a good reason why the patient does not come back. The pressing medical work of diagnosis, teaching, and treatment, demands the whole time of the doctor, and yet, perhaps, because of ignorance, or home conditions inimical to the health of the patient, the cure will be only temporary, and the expense to the hospital, the work of the doctor and the burden on the charitable community will increase with each recurrence of illness, while the

suffering of the patient is prolonged and the country loses a healthy and profitable citizen. And so, while recognizing the fact that the cure of disease is a public necessity, it has been borne in upon hospital authorities and doctors that the prevention of disease is not only a public economy and benefaction, but an economy which closely concerns their own institution—and that the responsibility of a modern hospital includes social service as well as medical—the after-care of patients in their homes to prevent relapse as well as cures in the wards or clinics.

Dr. Cabot says of the Mass. Gen. Social Service, "Not until this year (1912) have workers been put in the clinics. That means that the workers had to take what cases were sent them, the medical men had to make the social diagnosis among the 40,000 sick people who visit the clinics annually, as well as teach the students, diagnose cases, and advise treatment. Now the social worker is in three clinics where she can see all the patients and select those most in need of what she can give. Furthermore, she can limit her intake according to her powers, and put her strength and knowledge where it will do most good." He adds, "Some of the hospitals which followed our lead in establishing social work, improved on us, for they put social workers in the clinic from the start. Bellevue Hospital, New York, did this in 1906, and the Boston Dispensary, in 1909. We have learned from them, and are now following their lead in method as they first followed ours in conception." Mr. Davis, of the Boston Dispensary, says: "Social workers must be placed in the clinics and in the hospital wards, so that they can come into first-hand contact with the doctor and patient together. Nurses and social workers must pull together, and, when not combined in the same individual, the problem of adjusting their functions in the clinic is, and will be for some time, a delicate one."

This brings us again to the question of the worker herself. Dr. Menass Gregory, of the Pyschopathic division of Bellevue Hospital (12,000 ward admissions and 4,200 out-patients in this one division in 1912), speaks of the worker in these words: "A hospital social worker, in addition to enthusiasm, broad sympathy, optimism, energy, tact and resourcefulness—qualities of prime important for the work—should possess some training in physiology, hygiene and therapeutics, some insight into normal and abnormal psychology, as well as some knowledge in social and domestic science. A social worker should not be selected merely because she has had the training of a nurse, but if she have the essential qualities and native ability needful for the social worker, her training as a nurse will greatly enhance her usefulness."

For those who say they have no use for social service and do not

like it, I will simply quote, in closing, an anecdote told of Charles Lamb. A friend said, "Come here, I want to introduce you to Mr. A." Lamb replied, with his characteristic stammer and drawl, "No, thank you." "Why not?" "I don't like him." "Don't like him? You don't know him!" "That's the reason I don't like him."

HOSPITALS AND NURSES.

Miss Florence Mills, Graduate of St. Luke's General Hospital, Ottawa, is doing private nursing in Cobalt, Ont.

Miss Clarice K. Stewart and Miss D. Eva Bradley, R.V.H., Class '10, after spending the winter in Los Angeles and San Francisco, have gone to Japan to spend the summer months.

Miss A. L. Bradley, Jeffery Hale Hospital, Quebec, Class '09, spent the winter in Venice, and Los Angeles, Cal.

Miss Elizabeth McLeish and Miss Etta McLeay, both Graduates of the Hamilton City Hospital, have taken the Harbour View Sanitarium at North Vancouver. This little hospital has 19 beds, mostly private and semi-private rooms.

Miss Grace Hastie, Graduate of Vancouver General Hospital, is Superintendent of the Diamond Jubilee Hospital, Fort Steele, B.C. Miss Frances Bond, V.G.H., is doing private nursing in Nelson, B.C.

Miss McDonald, Superintendent of Nurses of the Royal Jubilee Hospital, Victoria, B.C., has resigned. Her resignation took effect July 1st.

Miss W. G. McLeod (Pres. Hosp. Chicago) Social Service Nurse in Vancouver, B.C., is leaving for England the first week in July, for two months' leave of absence. Miss McCartin (V.G.H.) will take her work while she is away.

Collingwood, Ont.—Miss Kate Spearing, G. & M. Hospital, Class '11, and Miss Margaret Morrow, Class '12, have gone to Port Arthur to take up private nursing.

Miss A. R. W. Moore, who has been at the Telegraph Creek Hospital, B.C., is the guest of Mrs. Meeham. The nurses are all glad to welcome Miss Moore.

Mrs. Arthur, Honorary member of the Alumnae Association, gave a tea on June 30th, in honor of Miss Moore.

Miss J. Shaw, who was nursing small-pox in Meaford, is out of quarantine.

The annual meeting of the Alumnae Association of the Collingwood G.&M. Hospital was held in the Board room of the hospital on May 29th. The following officers were elected: President, Miss E. M. Dawson;

First Vice-President, Miss Robertson; Second Vice-President, Miss McCulloch; Secretary-Treasurer, Miss Carr; Assistant Secretary-Treasurer. Miss Shaw; Sick Visiting Committee, Misses McDonald, Rainey, Burholder.

On Tuesday, June the 3rd, the annual picnic of the Alumnae Association was held in Victoria Park when a very enjoyable time was spent by all present.

On Saturday, June the 7th, Mrs. Meacham, President of the Hospital Board, gave a very enjoyable afternoon tea.

Miss Moore, Graduate of the Collingwood General & Marine Hospital, who has been in the Missionary Hospital at Telegraph Creek, B.C., for two years, is holidaying at home in Orono, Ontario.

Miss S. H. Dawson, Graduate of Montreal General Hospital, and Miss Morrow, Graduate of G. & M. Hospital, Collingwood, are holidaying in Rosseau, Muskoka.

Mrs. Fourinor, R.N., Gravenhurst, Treasurer of the Canadian National Association of Trained Nurses, who was attending the meetings of the W.C.T.U. convention in Collingwood, was ,on her departure, presented with a boquet of sweet peas by the Alumnae Association.

The first Graduating Exercises in connection with the Welland County Hospital were held in McCuaig Hall on the evening of June 11th, when three nurses received their diplomas—Misses Vida O'Neill, Annie O. Jenkins, and Pearl E. Morrison.

The Hall was beautifully decorated in red and white, the hospital colors, and the platform banked with cut flowers, ferns and palms.

Mr. E. Morris, President of the Hospital Board, occupied the chair. Addresses were given by Hon. R. Harcourt, Mr. J. D. Cowper, Dr. Colbeck, who addressed the graduates, and Rev. Mr. Kerr. The diplomas were presented by Miss Regan, Superintendent of the hospital. Mrs. Spencer presented beautiful bouquets to each graduate, and Mr. Morris presented the pins. Musical numbers, which added much to the charm of the program, were rendered by Mrs. Heslop, Mrs. Thomas, Miss Reilly and Miss Bradshaw.

At the close of the exercises the guests were invited to a dainty luncheon served by the Women's Hospital Auxiliary. This brought to a happy close a most memorable function.

The Jeffery Hale's Hospital Training School, Quebec, held their graduating exercises on the afternoon of June 23rd, when three nurses were presented with their diplomas—Miss Lottie Bethune, Lancaster, Ont.; Miss Bertha Cromwell, Cookshire, P.Q.; Miss Mabelle Jamieson, Campbelltown, P.Q. Addresses were given by Dr. Stevenson, who spoke to the class of their future duties; by Mr. Gus. Stuart, who spoke very feelingly to the nurses and referred to the pleasant experi-

enees he had had with nurses called into his home in a period of illness, saying he never would forget the kindness and the gentle manner in which they performed their duties; also by Mr. J. Hamilton.

The President, Mr. J. T. Ross, awarded the diplomas, and Mrs. J. T. Ross presented the pins.

Music was furnished by the R.C.G.A Band on the lawn in front of the hospital, and a reception and refreshments followed, attended by many relatives and friends of the graduates.

The annual graduating exercises in connection with the Orillia General Hospital were held in the Methodist schoolroom, on Tuesday evening, June 24th. There was a large gathering. Dr. Beaton presided, and in his opening remarks paid a high tribute to the work done by the Orillia Hospital. The graduates are: Misses Anna M. Seeler, Carrie M. Robinson, Mary A. Wood, Katie S. Whiting and Annie M. Dudenhoffer. The nurses were presented with their diplomas by the chairman, and with their pins by Mrs. Todd, President of the Women's Auxiliary. Beautiful bouquets of flowers were also given to the graduates, and to Miss Johnston, the Superintendent.

The prizes were awarded as follows: Miss Seeler, first prize for massage, given by Miss Johnston; Miss Woods and Miss Dudenhoffer, equal for second prize for massage, given by Mrs. Geo. Thomson and Mrs. J. B. Tudhope; Miss Whiting, Dr. A. R. Harvie's prize for best paper on surgery; Miss Seeler, Dr. A. E. Ardagh's prize for best paper on gynecology; Miss Robinson, Mrs. Hamilton's prize for neatness and efficiency in ward work; Miss Seeler and Miss Whiting, equal for Mrs. Todd's prize for highest total marks; Miss Wood and Miss Whiting, equal in obstetrics, prizes given by Mrs. G. H. Clark and Dr. Gilchrist.

Miss Johnston, in her annual report, urged the need of a larger hospital with modern equipment to enable the staff to render more efficient service.

Addresses were given by Mayor Goffatt, Rev. C. M. Marshall, Rev. F. W. Anderson, Mr. G. H. Clark and Mr. M. B. Tudhope.

During the evening, an excellent musical programme was contributed by Miss Bowen and Master Clifton Stewart, Miss Emma Tudhope, Miss Sinclair, Mrs. F. W. Anderson, and Mr. Merton Plunkett. Miss Queen Beaton acted as accompanist.

The Graduating Exercises of Class 1913 took place on June 10th, in the Nurses' Home of the Medicine Hat General Hospital, in the presence of a large gathering of friends.

The nurses graduating were: Misses Annie Murray, Alexandra Moore, Annie Frazer, Nellie Scoville, Edna Stewart, Ella Willet and Elizabeth MacDougall.

Mr. Henry Stewart, President of the Hospital Board, presided.

After congratulating the graduates and Miss Winslow, Superintendent of Nurses, and her assistant, Miss Auger, he paid a high tribute to the nursing profession, and said that the work of the Medicine Hat General Hospital had won the interest and sympathy of the residents of the city and surrounding community. Mr. Stewart presented the diplomas, and Miss Winslow pinned on the medals. The prizes were then presented by the Secretary of the Board, Mr. R. W. Napier.

For General Proficiency, presented by Board of Directors—1st, Miss Nellie Scoville, 2nd, Miss Alexandra Moore.

Surgery, presented by Dr. C. E. Smyth—Miss Nellie Scoville.

Practical Work, presented by Dr. F. W. Gershaw—Miss Annie Murray.

After an interesting speech in which he paid a high tribute to the graduating class for the manner in which they had coped with and overcome the difficulties encountered in their training, Dr. Smyth, Medical Superintendent, presented, on behalf of Mr. H. Stewart, each of the new graduates with a large bouquet of roses.

Appropriate speeches were given by the mayor of the city, Mr. Nelson Spencer, M.P.P., Ex-Mayor Cousins, Mr. W. Huckvale, and Alderman Brown.

During the evening excellent musical selections were rendered by local talent.

Refreshments were served on the spacious verandahs and lawn, after which a short dance brought a pleasant evening to a close.

Medicine Hat, Alta., is to have a new General Hospital to contain 250 beds, thoroughly modern and of fire-proof construction, to be erected on new site acquired by Hospital Board.

Very general regret is expressed over the resignation of Dr. C. E. Smyth, as Medical Superintendent of the hospital. This step has been rendered necessary by his very large private practice, and the rapidly increasing work in the hospital requiring more time than is possible for him to give. Dr. Smyth has been closely identified with the general hospital for the past 17 years, and a large measure of its splendid success is due to his untiring interest and work, and he will continue to take an active interest in hospital affairs.

A new Superintendent will be appointed who can give his entire time to hospital work, and will also take charge of the X-Ray and Pathological departments that are being added to the institution.

Despite the threatening weather a very large crowd gathered in the spacious men's ward of the Ottawa General Hospital, which was transformed into a most beautiful convocation hall, by brilliant flowers and gorgeous bunting, for the graduation exercises of the eleventh

and largest class since the opening of the training school. Twenty young ladies received the medals and diplomas of the institution.

Dr. R. Chevier acted as Chairman, but had little need to introduce the well known speaker of the day, Dr. J. L. Chabot, who extended the congratulations and good wishes of the members of the staff to the graduates in a clever but brief speech.

After a musical number by the Orchestra, Mrs. Allard, Acting President of the Ladies' Auxiliary, presented the diplomas, and Miss Isabel MacElroy, President of the Nurses' Alumnae, presented the special prize donated by the association for highest percentage to the happy winner, Miss Lancaster, of Chartrand, Ont., and pinned medals on the following:

Sister St. Zenobia; Misses Catharine Costigan, Ottawa; Gladys Bliss, Ottawa; Anna Simard, Renfrew, Ont.; Margaret Rowan, Ottawa; Helen Carrol, Ottawa; May George, Eganville, Ont.; Anna Murphy, Renfrew, Ont.; Muriel Story, Ottawa; Maud Daly, Brockville, Ont.; May Gorman, Buckingham, Que.; Ethel Kilkelly, Monkstown, Ireland; Mary Lancaster, Chartrand, Ont.; Celina Bisson, Sudbury, Ont.; Valeda Gravelle, Ottawa; Eglantine Bourcier, Ottawa; Ella Roehon, Maniwake, Ont.; Nellie Butler, Ottawa; Laura McCloskey, Chelsea, Que.; Theresa Foran, Ottawa.

Miss May George won the prize for highest percentage in Surgery, donated by a friend of the hospital.

Rev. W. Stanton, of the Ottawa University, was the second speaker and gave a very interesting account of the treatment a patient receives on addmittance to the hospital. Speaking from his own experience in that capacity, his reminiscences were highly amusing and very realistic. He offered congratulations and best wishes on behalf of the clergy. In conclusion he urged the nurses amidst their strenuous duties, and often numerous temptations to be faithful always to their religion. This, Father Stanton affirmed, would be an unfailing source of strength and courage. A farewell song by Miss Gravelle, one of the graduates, brought the pleasing programme to a close.

The numerous guests were afterwards entertained in the lecture hall, where dainty refreshments were served by the ex and present pupils of the hospital, and the graduates received the personal congratulations of their many friends.

A very large number of the prominent clergy, sisters, medical men and residents of Ottawa were presents as well as all the staff doctors and interested friends of the hospital.

The last regular meeting of the Alumnae of the O. G. H. before the summer vacation, was held on Friday, May 2nd. A large number

of the members were present, and after the regular business was transacted, Dr. J. L. Chabot gave a most interesting lecture on "Modern Methods in Surgery and Anaesthetics and After Care of Surgical Cases." Miss MacElroy, the President, presided, and passed a vote of thanks to the Lecturer. The Senior Class of the Hospital were guests to tea afterwards, and a most enjoyable social hour was passed.

Sister M. Daniel, nurse-in-charge of operating room, and Sister Afra, nurse-in-charge of laboratory of the O.G.H., have left on a three weeks' visit to the Mayo Bros.' Hospital at Rochester, and on their return journey intend visiting at the Murphy Hospital, Chicago.

Miss Stella Mulroney, Class '06, O.G.H., has entered the Convent of the Sisters of the Blessed Sacrement at Cornwells, Pa.

Miss Katharine Byrnes, Graduate O.G.H., Class '10, has left for Fort William, to be the guest of her brother, Mr. E. Byrnes, for the summer months.

The Graduating Exercises of the twenty-eighth class of the Training School of the Hospital for Sick Children, Toronto, were held in the Residence on the evening of May 27th, 1913. Mr. J. Ross Robertson, Chairman of the Hospital Board, presided. Mr. McCausland offered prayer. The report of the Training School was given by Mr. Robertson. Dr. C. K. Clarke, Medical Superintendent of Toronto General Hospital, addressed the Graduating Class, Miss Brent administered the Hippocratic Oath and Dr. F. N. G. Starr presented diplomas and medals.

The following scholarships and prizes were awarded:

Senior scholarship of $50, Miss Dorothy Burwash, Arnprior, Ont.; intermediate scholarship of $30, Miss Hilda Pennock, Mount Forest, Ont.; junior scholarship of $20, Miss Alice M. Grindlay, Toronto; junior scholarship of $20, Miss Annie Copeland, Collingwood, Ont.

Prize for the highest marks in examinations (senior class, 1st division), Miss Charlotte Wallace, Woodbridge; (senior class, 2nd division), Miss Helen Fraser, Bradford, Ont.; prize for the highest marks in examinations of the intermediate class, Miss Elspeth Anderson, Peterboro', Ont.; prize for steady advancement and progress during course, Miss Jessie Wilson, Wingham, Ont.; prize for charting (senior class), Miss Florence Peterson, Toronto; prize for charting (intermediate class), Miss Ruth Sture, Port Arthur; prize for neatest bedroom, Miss Lulu Essery, Crediton.

Many flattering references were made to the retiring Superintendent, Miss Brent, whose fame is worldwide, as she is recognized as an authority everywhere on this continent and across the water. The nurses presented Miss Brent with an armful of American Beauty roses.

The following are the graduates: Misses Gertrude H. McClellan, Lillian I. Rendall, Mabel G. Vickery, Hilda B. Hersey, Dorothy A. Reade, Efie L. Cook, Harriet C. Wallace, Margaret G. Andras, Dorothy Burwash, Jean Maus, Helen R. Fraser, Florence Peterson, Grace J. Ferguson, Margaret McAlister, Elizabeth Dingwall, Eleanor Butterfield, Wilhelmina M. Armstrong, Muriel E. Davies.

After the program Miss Brent held a reception, assisted by her staff and Mr. J. Ross Robertson. An informal dance, when refreshments were served in the dining-room, brought one of the most brilliant and enjoyable commencements to a close.

The closing exercises of the thirteenth graduating class of the training school for nurses was held in the new wing of the Vancouver General Hospital, on June 18th, and was attended by a large gathering. The room was decorated with pink and white roses, sweet peas and carnations. Dr. W. B. McKechnie acted as chairman, and gave a short opening address. Dr. Proctor delivered the address to the graduating class. He congratulated them upon having graduated from what he considered one of the finest hospitals in Canada. He reminded them of the high standard set for nurses, and exhorted them to live up to the best ideals of the profession. In closing he assured them of kindly interest and best wishes for their future success. Mr. Campbell Sweeney, Honorary Chairman, was present, and gave a few remarks. Dr. McKechnie presented the diplomas, and Mrs. A. H. Wallbridge presented the pins. The members of the class are: Miss Margaret McGregor, Miss Mabel Adamson, Miss Ethel Boultbee, Miss Anna Bruce, Miss Esther Duff, Miss Matilda Ostrom, Miss Emily Gibbons, Mrs. Maude Buttle, Miss Eleanor Charles, Miss Gladys Currie, Miss Josephine Walsh, Miss Charlotte Matthews, Miss Margaret Rose, Miss Nellie Carter, Miss Helnin Riee, Miss Edna Guillod, Miss Isabel Lord, Miss Annie Michie, and Miss Elizabeth Atkinson. Miss Walsh was absent through illness. The medal presented by Dr. R. E. McKechnie for general proficiency was won by Miss Charles. A beautiful bouquet of red roses was presented to the class by the head nurses in the hospital. During the exercises Miss Lougheed gave two solos, accompanied on the piano by Miss Mabel Burritt. After the graduation a reception was held.

Peterborough—The graduating exercises of the class of 1913, of the Nicholl's Hospital Training School for Nurses, were held in the Conservatory of Music Hall on the evening of June 19th. The graduates were: Misses Grace E. Crowe, Sara J. Wood, Elleda B. Walsh. Rev. T. J. Mansell, of Charlotte Street Methodist Church, delivered an inspiring address to nurses, in which he pointed out the possibilities which such a profession offered. Dr. J. M. McCulloch addressed the graduating class in well chosen words. Dr. McPherson made the

presentation of the prize for bandaging, which was won by Miss Crowe. This was followed by affirmation and conferring of diplomas, and presentation of medals. Mr. Richard Hall, Chairman of the Board of Trustees, occupied the chair most genially. A splendid programme was rendered by the Conservatory of Music Orchestra. A reception and refreshments followed the exercises. Miss E. M. Beamish, R.N., is Superintendent of the Nicholl's Hospital.

The Graduating Exercises of the Class of 1913 of the Woman's Hospital, Montreal, took place on April 7th, 1913. Dr. Reddy and Dr. Burnett addressed the Graduates. Mrs. Reddy and Mrs. Burnett presented diplomas and medals, and a club bag from the hospital. At the close of the exercises, the Graduates and guests repaired to the dining-room, where the pupil nurses had prepared a dainty supper—the decorations were in pink, a beautiful basket of pink roses adorning the centre of the table.

The Graduates are: Mrs. Ada Chisholm, Misses Jessie Edington, Kate Martin, Marjorie Kerr, Kate Hart, Eva McBride, Grace Wilson, Gertrude Donkins, Agnes Buse. Miss Buse has gone to New York to take a Post-Graduate Course in the Polyclinic Hospital, the others are doing private nursing in Montreal.

The nurses are comfortably settled in their new home. The members of the Alma Mater Society are invited to make use of the sitting room as a club room or to entertain their friends to tea. The society has provided a complete tea service for this purpose.

We hope all our friends will again assist in making our Autumn Bazaar a success.

Brooklands Hospital, Sydney, B.C., was destroyed by fire on June 18th. The thirty-three patients were rescued without difficulty—twenty were taken to the Lyceum Theatre, the rest to their own homes. The Marine Department has kindly placed their local hospital at the disposal of the steel company.

The annual meeting of the Montreal General Hospital Alumnae Association was held at the Nurses' Residence on April 11th, 1913. The following officers were elected: Honorary President, Miss Livingstone; President, Miss Young; First Vice-President, Miss Dunlop; Second Vice-President, Miss Ethel Brown; Recording Secretary, Miss Strumm; Corresponding Secretary, Miss Wilson; Treasurer, Miss Tedford. Miss Alice Ketchum, Class '10, has left for a trip to England.

Miss Merriman, Class '08, who has been ill, has left the hospital and is staying with her sister, Mrs. Workill, in Sherbrooke, Quebec.

Miss Margaret Fortesque, Class '05, has taken the position of Lady Superintendent of the Lachine Hospital, succeeding Miss Baikie.

We extend our sympathy to Miss Brittain, Class '12, for the loss of her father, who died very suddenly of pneumonia.

Miss Elizabeth Munroe, Class '96, has been appointed to a new position in the out-door department of the hospital.

Miss Urquhart, Class '13, is taking charge of the Hospital Diet Kichen for the summer months.

Miss Margaret Templeton, Class '10, and Miss Whitney, Class '13, are sailing this month to spend July and August in England.

Miss Gertrude Vipond, Class '11, is taking charge of the Children's Memorial Hospital, Montreal, while Miss Barnard, Superintendent, is in England.

Miss Margaret McFarlane, M.G.H., Class '10, is taking Miss Webster's place as Night Superintendent for July and August. Miss Webster, who has been ill, is going to her home in Cobourg, Ont., for a rest.

A hospital for the insane is to be erected at Selkirk, Man.

The Toronto Housing Company, Limited, laid the corner stone of its first building on June 26th, 1913. Sir John Gibson, Lieutenant-Governor of Ontario, performed the ceremony.

On Wednesday, June 25th, the Mayor of Edmonton, Alta., laid the corner stone of the new University Hospital.

The hospital, in addition to some 90 beds, will have an out-patients' department, and also a properly equipped roof garden for the benefit of convalescents and others not wholly confined to their ward. The building finished and furnished will represent an investment of something like $250,000, and in its construction and equipment will have very few superiors in the whole of the Dominion.

The Ladies' Hospital Aid served refreshments. The Hospital Commission hopes the hospital will be ready for the reception of patients in January, 1914.

West Toronto is preparing to erect a hospital to be known as the Howard Park Hospital—a memorial to the donor of High Park.

The new Hospital for the Insane, at Whitby, Ont., to take the place of the one on Queen St. W., Toronto, so admirably situated on a huge farm of 640 acres fronting on Lake Ontario, will be a boon to the mentally afflicted. The out-door life and interests will help greatly in the work of restoration.

A great deal of the work is being done by prisoners from the Guelph Prison Farm.

The location for the buildings of the new hospital, in fact the

entire place, is admirably situated. The farm lies immediately to the west of the town of Whitby, fronting on Lake Ontario, sloping gently from the north-west to the lake shore. The soil for the most part is clay, but there is about twenty acres of sandy loam suitable for gardening. The main grouping of the buildings will be on a slight rise with a south-eastern exposure. A picturesque design of stucco with red tile roofs has been adopted. The site chosen for the buildings has great natural beauty. The slope is dotted here and there with hedges, orchards and shade trees. A splendid group of pines to the west will afford a break for heavy lake winds.

The buildings are being arranged on the unit system of cottages, with one central administration building. Shrubbery and garden surroundings will be so arranged that not more than two cottages will be seen at one view, the whole being intended to create a cheerful, home-like atmosphere. The present plans, when completed, will provide accommodation for 1,500 patients, and are so arranged that additional units of 500 each may be added without conflicting with the original construction.

The regular monthly meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses was held in the Nurses' Parlor on the afternoon of May 2nd. Mrs. Feeny, President, occupied the chair. After the disposal of business, those present had the pleasure of listening to an address by Miss Batty, Class 1891, who has been engaged in hospital and missionary work in Shanghai, China. The difficulties of the worker in China are many. The custom of ancestral worship makes the study of anatomy impossible, hence the ignorance of the Chinese regarding the care of the body in health or disease. The work is progressing slowly, ignorance is giving place to knowledge. Miss Batty's earnestness impressed her hearers, for whose prayerful support she asked. Miss Batty had a number of surgical instruments which are used by the Chinese.

The monthly meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, Wednesday, April 2nd, at 8 p.m.

There were nineteen members present, Miss Trew, President, in the chair.

The minutes of the last meeting were read and adopted.

Secretary-Treasurer's report showed a balance of $142.93, and a balance for the Sick-Benefit Fund of $445.15.

Three members were elected to an Executive Committee, viz.: Miss Bone, Miss Blakeney and Miss Gillies.

Motion of amendments to the constitution were voted on and carried.

There was a discussion on the arrangement of the programme

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for the entertainment of the Graduate Nurses' Association of British Columbia, for its annual meeting, to be held June 13th and 14th, in Vancouver. Final arrangements were placed in the hands of the Social Committee.

The meeting then adjourned, and tea was served.

The Graduate Nurses' Association of Thunder Bay District, at its May meeting, decided after some discussion "that the work of City Nurse and School Nurse are two separate positions requiring two nurses."

Miss Regan and Miss Blackmore were appointed Delegates to the Canadian National Association of Trained Nurses, which met in Berlin, Ont.

Miss Blackmore gave a talk on "Experiences of a District Nurse."

MARRIAGES

Struthers-Rogers—At High Park Presbyterian Church, Toronto, on July 9, 1913, Miss Lina L. Rogers, Superintendent of School Nurses, Toronto, and President of The Canadian Nurse Editorial Board, to Dr. W. G. Struthers, B.A., Chief Medical Inspector of Schools, Toronto. Dr. and Mrs. Struthers will reside at 558 Bathurst St., Toronto.

Lutes-Betchel—At Waterford, Ont., on May 24th, 1913, Miss Lestella E. Betchel, Graduate of General Hospital, Galt, Ont., Class '00, and Post-Graduate of General Memorial Hospital, New York, '02, to Mr. Alonzo Lutes, of Hamilton, Ont.

McGarry-Chandler—At Vancouver, B.C., June 12th, Eleanor Edith Chandler, (V.G.H.), to J. H. C. McGarry, of Montreal.

Gregg-Marshall—At St. Andrew's Presbyterian Church, Vancouver, B.C., on April 16th, Miss Isabel H. Marshall, of V.O.N. staff, Victoria, B.C., to Mr. Arthur M. Gregg, Victoria, B.C.

Morphy-England—At All Saints' Church, Niagara Falls, Ont., on May 6th, Miss Ethel Louise England, School Nurse, to Mr. Harcourt John Morphy.

Campbell-Killaly—At St. Paul's Church, Bloor St., Toronto, on June 9, 1913, by Ven. Archdeacon Cody, Miss Amy Constance Killaly, Graduate of H.S.C., Toronto, to Mr. Lorne MacIvor Campbell. Mr. and Mrs. Campbell will reside in Haileybury, Ont.

Galloway-Shier—On March 26, 1913, Miss Ida May Shier, Graduate of Grace Hospital, Toronto, to Mr. Galloway, of Toronto. Mr. and Mrs. Galloway are at present residing at 794 College St., Toronto.

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"The Immediate Care of the Injured," by Albert S. S. Morrow, M.D., Attending Surgeon to the Work-house and to the New York City Home for the Aged and Infirm. Octovo of 340 pages, with 238 illustrations. Philadelphia and London; W. B. Saunders Company, 1906. Cloth, $2.50 net.

A volume that contains such information as this, ought to be advertised, not only to physicians, but to nurses and laymen. There is nothing described that a competent medical man does not already know, and to such the book is interesting only as a compilation. The eight chapters on Anatomy and Physiology are elementary in character, and designed especially for lay readers. The directions for bandages, dressings, splints, and emergency measures, are described clearly, in sufficient detail, with many photographic illustrations that greatly aid the text. Everything in both text and picture is familiar and requires no special comment, aside from perfunctory commendation for work well done. The book, or its information, ought to be in the library of every family.

"Opportunities in the Field of Nursing," a pamphlet published by The Nursing and Health Branch of the Alumni Association of Teachers' College, Columbia University, New York. Price 10 cents. In quantities of 20 or more, 5 cents each.

This pamphlet sets forth briefly the Development of the Profession, Scope of the Field, Purpose and Character of Nursing Work, Training Required and How Secured, etc. A most instructive, comprehensive pamphlet which associations should seek to place in the hands of intending students.

"Private Duty Nursing," by Katharine DeWitt, R.N., Graduate of Mount Holyoke Seminary and of the Illinois Training School for Nurses; Assistant Editor of The American Journal of Nursing. J. B. Lippincott Company, Washington Square Press, Philadelphia, U.S.A.

Every page of this book testifies that a successful private nurse is the writer. All the phases of the work of the private duty nurse are intimately discussed, and such advice as only one who knows can give shines forth at every turn. The private duty nurse need no longer stumble upon the knowledge necessary for success, here is a most readable volume of wise, kindly counsel and advice, and many suggestions, all prompted by lessons learned in the school of experience.

"Applied Bacteriology for Nurses," by Charles F. Bolduan, M.D., Assistant to the General Medical Officer, Department of Health, City of New York, and Marie Grund, M. D., Bacteriologist, Department of Health, City of New York; 12 mo. of 166 pages, illustrated; Phila-

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delphia and London: W. B. Saunders Company, 1913. Cloth, $1.25 net. Canadian agents—The J. F. Hartz Co., Ltd., Toronto.

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"A Reference Hand-Book of Gynecology for Nurses," by Catharine Macfarlane, M.D., Gynecologist to The Woman's Hospital, of Philadelphia. Second edition, thoroughly revised; 32 mo. of 156 pages, with original line-drawings. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, $1.25 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This book of reference will help the nurse to keep informed on new methods of sterilization, preparation for operation, after care, etc. No nurse can afford to drop behind in this knowledge.

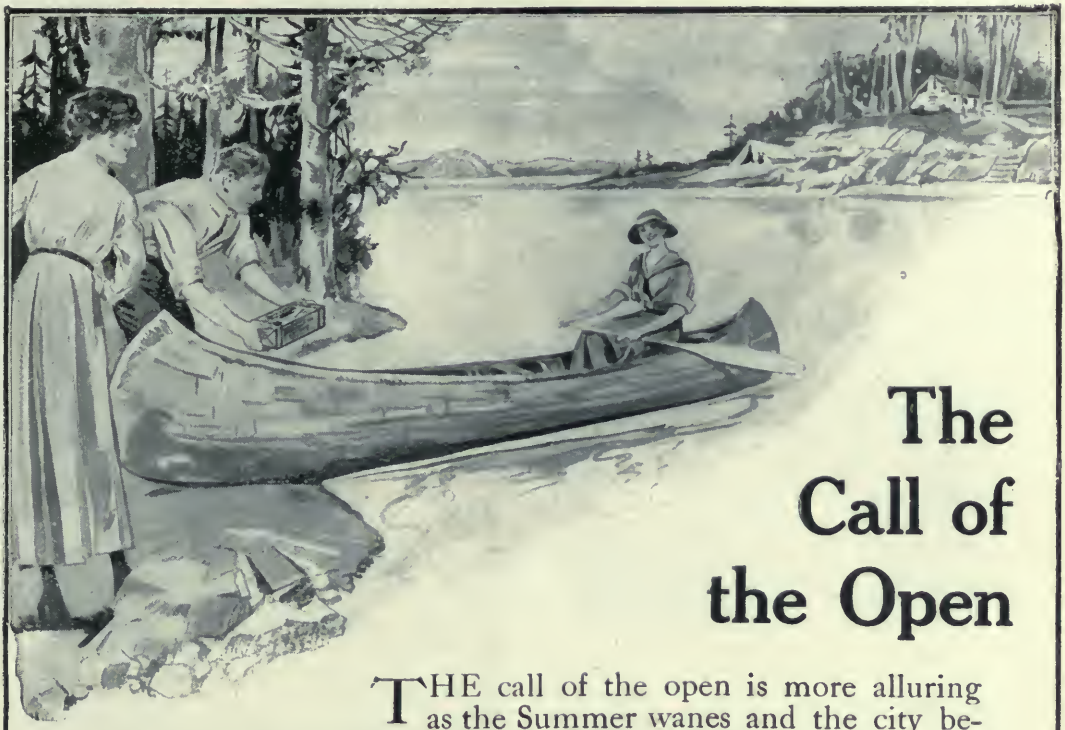
"A Reference Hand-Book for Nurses," by Amanda K. Beck, Graduate of the Illinois Training School for Nurses. Third edition, revised and enlarged; 32 mo. of 229 pages. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, $1.25 net. Canadian agent, The J. F. Hartz Co., Ltd., Toronto.

This very complete volume contains up-to-date information for the nurse at every turn—Materia Medica, Infant Feeding, with many valuable formulae, Baths and Packs, Electricity, etc. The book is convenient in size, and would be prized by any nurse wishing to keep up-to-date.

"Manual and Atlas of Swedish Exercises," by Thomas D. Luke, M.D., F. R. C. S., Medical Superintendent Peebles Hydro and Kur Hotel; author of "Massage and Swedish Gymnastics and other Exercises for Masseuses and Nurses," and "Manual of Physiotherapy and Climatology." With 64 illustrations: The Scientific Press, Ltd., 28, 29, Southampton St., Strand, London, W.C., England. One shilling net. A small hand-book for reference.

"How to Read and Write Prescriptions," by Lytton Maitland, M.D., (Lond.), B.S., D.P.H. (Camb.) The Scientific Press, Ltd., 28, 29, Southampton St., Strand, London, W.C., England. One shilling net.

This is a small volume for medical student and dispensers, rather than for nurses, as they do not write prescriptions.



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Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses Pringle and Wardell.

The Canadian Nurse Representative—Miss Urquhart, 64 Howard St.

Regular meeting, first Tuesday.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Margaret M. Lyons, Victoria Hospital.

Vice-President—Miss Barbara Gilchrist, 290 Princess Ave.

Secretary-Treasurer—Miss Bertha M. MacIntosh, Victoria Hospital.

Corresponding Secretary—Miss Patricia Murray, 767 Hellmuth Ave.

Conveners of Committees—Sick Visiting, Social and Look-out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Bell, Lady Superintendent; President, Mrs. Valentine, 65 Lakeview Ave.; First Vice-President, Mrs. Yorke, 400 Manning Ave.; Second Vice-President, Mrs. Fortner; Recording Secretary, Miss Cooney, 16 Ulster St.; Corresponding Secretary, Mrs. MacConnell, 125 Major St.; Treasurer, Miss Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Gilroy, Miss Fee.

Registry Committee—Miss Anderson, Miss Cooper.

Programme Committee—Misses Butchart, Misner, and Neelands.

Directors—Mrs. MacConnell, Miss MacLean, Miss Davis; The Canadian Nurse Representative, Miss E. F. Elliott, 16 Ulster St.

Regular meeting, first Friday, 3.30 p.m.

THE CANADIAN NURSE

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ADDRESS OF WELCOME*

By Dr. G. H. Bowlby, Berlin.

Madam President and Graduate Nurses:

I fully appreciate the honour you have conferred upon me in asking me to address this Association. I consented to do so with a great deal of hesitation as I do not consider myself capable of conveying a message of either sufficient interest or worth to an organization of this importance. However, I can at least convey in all sincerity a most hearty welcome to Berlin.

This Association is to be congratulated on the selection of its title, the Canadian National Association of Nurses. We need make no apology when the word national causes us to swell with pride and to thank a kind Providence that destined us to be children of that great British nation that indulgently allows us—

"To be daughter in our mother's house,
But mistress in our own."

The title indicates an ambitious policy, and the title should, and I am sure, does indicate to every member that it is a privilege to be endowed with the advantages of this Association and to stimulate every member to do the very best possible.

We are making rapid progress in the Arts and Sciences. We of this decade are not entitled to all the credit of the remarkable advancement and improvements, for knowledge and wisdom are the offspring of past experiences; the advancements in science of this generation is but a superstructure built on a firm foundation of many years of experimental work.

Knowledge in itself is not sufficient, but there must be the practical application of knowledge which may be termed wisdom. Each generation gives birth to new ideas, and each generation brings forth a master mind to meet a pressing necessity. A mind not only capable of organization but a masterful mind, one that will down all difficulties, obstacles and adverse criticism. Such a mind had Lister, when single-handed he opposed the whole of his fraternity with his new idea of antiseptic treatment. He did not think it possible that the recognition of his work was so close at hand, for he said: "I do not expect my contemporaries to

* Read at Berlin Convention, May, 1913.

accept this doctrine, I look to the younger generation to adopt it." What Lister did for humanity we all know; but let me remind you what Lister did to make the modern hospital possible. Fifty odd years ago the operation of that day was amputation. The death rate in the large hospitals of Great Britain with skilled surgeons in attendance was 50 in 100 cases, that is every other patient died, and died as the result of septic infection—and every woman who entered a lying-in hospital crossed the threshold with one foot in the grave.

Sir James Simpson investigated the whole question very thoroughly and found that while in 2,000 amputations in large hospitals the death rate was one in two that in rural districts, the work of the country practitioner, not as experienced, and the patient not receiving the same attention, showed a death rate of only one in ten.

He said when he laid these statistics before the profession: "Do not these terrible figures plead eloquently for a revision and reform of our existing hospital system?" He strongly advocated abandoning the great hospital buildings and erecting colonies of cottages with one or two patients to a room and to have the cottages constructed of iron in such manner that they might be taken apart from time to time and thoroughly cleaned. Think of the cost of construction and the enormous cost of maintenance, to say nothing of the extra work and inconvenience to the nursing staff.

Lister demonstrated conclusively (in his own words) "That the exhalations from foul discharges are the essential source of the insalubrity of surgical wards and when this is effectually suppressed other conditions, which we are accustomed to regard as most pernicious, become powerless to produce serious evil." The hospital building was saved. It is difficult to imagine what form our hospital construction would have assumed without Listerism, possibly human ingenuity would have solved the problem, but never to the same satisfactory degree. The hospital building to-day is limited as to its size and accommodation only by the extent of the provision of sufficient number of cubic feet per patient.

The forgotten word "hospitalism," implying as it did, suppuration, gangrene, putrefaction and contamination, the bane of every surgeon and the dread of every patient is used only as a reminder of the gruesome past.

A hospital is a necessity to every large community, particularly to rapidly growing municipalities where housing and sanitation are not keeping pace with increase of population. In England 100 years ago three inhabitants in every four were born in the country, to-day this ratio applies to the cities, that is the cities are growing at the expense of the country.

In Canada although our yearly immigration runs into the hundreds

of thousands still, especially in the orlder Provinces, the tendency is towards the city rather than the country, and even amongst our own native born due to general prosperity, high wages, the attraction and glamour of city life, the farm is being deserted and the country depleted of its very best stock, and the cost of living is mounting higher and higher.

Someone said, it is not the high cost of living, but the high living that costs. Unfortunately to-day it is both, particularly the high cost of living with no prospects of relief. The inevitable result must be the crowding and crushing together in slums of the immigrant and escaped farmer, with insufficient and adulterated foods, contaminated atmosphere, exposure to disease with decreased resistanee, increased sickness and physical degeneration for this and succeeding generations.

Look at Toronto to-day. Recently the Sanitary Inspector one evening visited nine houses in which 565 persons found sleeping accommodation. Here they were in their working clothes on the tables, in chairs, on the floor, as many as twenty in a room and often in the room in which food was stored, cooked, and eaten. It can scarecly be otherwise as long as land values are advancing and doubling at their present rate. Severe conditions require drastic treatment, and it is a question whether a heroic dose of hard times for a year or two would not have a tendency to restore the country to a healthier state and incidentally solve some of our pressing economic problems.

However, at present we are all optimists, we are perfectly sure of ourselves and the future, but nevertheless we are drifting. We have not found our level and I do not think we shall until we realize that our farm land is our greatest asset and until the growth of our cities and country reaches a fair ratio. Back to the land is not sufficient, but it must be back to the land on a scientific basis with a business appreciation of intensive farming by following in the footsteps of those teachers who are endeavoring to raise agriculture from a haphazard and medicore means of existence to a fine art.

We, and in that I include the two professions of medicine and nursing, so closely related, so dependent on each other, we may be classified by some as non-producers, but our work is of the greatest importance to every municipality.

In this intensely competitive age, the two factors that stood out most prominently are time and health. We are appealed to not only to restore health as speedily as possible, but to maintain the standard of health, and our adviee is sought in all questions of hygiene, sanitation and pure foods, thereby assuring good work and more work with the least possible loss of time. How can our great and rapidly increasing industrial centres be supplied with abundance of fresh wholesome foods at reasonable prices unless a larger proportion go back to the land.

We are of necessity disciples of Eugenics that broad term that has to do with any measures that tend to the betterment of the race.

But as this is not only the extravagant age, the intensive age, but likewise the age of faddism, and as Eugenics may include anything and everything from votes for women to state control over matrimony, we must qualify our definition by stating that we are disciples of Eugenics in so far as the health of the nation is concerned.

We have heard much of the ideal life, the simple life, but practically we know little of it. Life has developed into a strenuous affair and that the most may be accomplished with the least possible loss of time conveniences have become necessities.

Beginning with the children our system of education is so convenient saving them the necessity of drawing their own conclusions and deductions. Our foods are so convenient, all ready canned and stored for immediate use, avoiding the necessity of preparation; gas, electric light and telephones in every household; trollies are so convenient, avoiding the necessity of walking; motors are also convenient, except the stench and dust they leave in their wake, newspapers and extra specials every hour telling everything that happens and a great deal more that never happens in a convenient form; and so on down through the day's work. Many of the conveniences to-day were not known or considered luxuries a few years ago, but what was judged then as a common necessity is now looked upon as a rare and priceless luxury, that is the willing and well-trained domestic.

Are all these conveniences to-day in the best interests of the health of the community, or do they not rather tend to rush and hurry and force us to lead the strenuous life even against our better judgment, and are they not in a large measure responsible for that large and ever-increasing class of complaints which may be generally summarized as nerves. All the conveniences of to-day allow us to accomplish so much more and live at such high pressure that we might stop and ask ourselves if all these conveniences are not rather a curse than a blessing to humanity. Increased responsibilities mean increased anxieties and worries. We might be helped over some of our trials and difficulties if we occasionally think of the remark of the elderly gentleman who said, "I am an old man and have had many troubles, but most of them never happened."

It would be rather impertinent for me to speak to this Association on questions of hospital management, hospital supplies or any of the questions of hospital economics, but there is one branch of the work to which more attention might be given with advantage, that is dieteties. Does the average Nurse after graduation give sufficient thought and care in the preparation of ordinary foods, to say nothing of special diets? The proper preparation of food for the ill and convalescent is far more

important than any other branch of nursing in the great majority of cases. And the serving of the food, the very sight of a dainty tray will often stimulate an indifferent appetite, and the estimation of the nurse is increased fourfold and a feeling of confidence is established that simplifies treatment for all concerned.

In the careful selection and preparation of foods the responsibility rests with the Nurse.

The Nurse in training here has one distinct advantage over her sister of the old land. There the large city hospitals admit charity patients only and the distinction between the classes is more marked than with

G. H. Bowlby, M.D., L.R.C.P., Lon., M.R.C.S., Eng.

us. Thus the nurse has not the opportunity of coming in contact with that class of patient that she will be called upon to serve after graduation. The nurse of the public ward has not the time to study individual peculiarities and cannot appreciate the many little details which may be nothing in themselves but mean so much to the patient. Be practical certainly, but surely the experienced Nurse finds diplomacy a powerful adjunct.

In an opening address one is permitted to wander far afield, still all questions that affect the hospital or Nurse, whether directly or indirectly, should be worthy at least a reference. It would be rather presumptuous for me to discuss in detail any question of hospital economics or questions that are of especial interest in the administration of your order. As we say in bridge, "I shall leave it to you."

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

The Third Annual Meeting of the Canadian National Association of Trained Nurses was held in the Public Library, Berlin, Ontario, on May 21st, 1913.

The meeting was called to order at 10 a.m. by the President, Miss Mary Ard. Mackenzie, R.N. The invocation was offered by Rev. H. W. Crews, pastor of Trinity Methodist Church, Berlin. Mr. Crews then gave a brief address.

The President read a letter from ex-Mayor Schmalz, who was unable to be present, but sent greetings and best wishes for a successful meeting.

Dr. Bowlby welcomed the members of the Association on behalf of the Medical Association of Berlin and Waterloo, in a splendid address, which appears on another page.

Miss Masters, Secretary of the Graduate Nurses' Association of Berlin and Waterloo, voiced the welcome of the Nurses in a few well-chosen words.

The response to the address of welcome was written by Miss Alice J. Scott, R.N., Toronto, and read by Mrs. Paffard.

The President's address followed, which we reproduce here.

President's Address.

In presenting to you the address of the President of this Society for the year, I am confronted by such a volume of things that should be put before you that I have felt constrained to deal as briefly as possible with each one lest you weary ere my tale be told.

First, what has been done during the year? An effort has been made to bring before the various Graduate Nurse bodies the fact of the existence of this Association, of their relationship to it, the importance and possibilities of the organization and earnest requests have been made for suggestions as to what special lines of work should be taken up by the Society.

When we consider that this Canadian National Association of Trained Nurses takes into its ranks every Nurse from the Atlantic to the Pacific, from the American boundary to the Arctic Circle, no matter whether she be engaged in private nursing, hospital, district or Social Service Work, we are impressed with the great responsibility resting on us. And, too, to make it still broader in its sympathies, it is affiliated with the International Council of Nurses and so helps complete the ring which encircles the globe. There is much in a broad outlook.

In looking over the whole field of hospital and nursing work and nurse-training, I believe we cannot honestly say that we are satisfied.

Indeed we all feel that there is something radically wrong with the whole matter, and if we look deeper I believe that we shall find that what is wrong is lack of vision—lack of high ideals—without which we can be of no avail in any enterprise. We must look beyond, and press forward to those ideals and compel attention would we correct what is wrong with our whole hospital and nurse-training systems. And who is to have this vision, who is to hold to it, who is to compel it to become real? That, ladies, is your duty and your great privilege. Here we have come together to confer on how the sick and suffering may be best nursed back to health, or have their last hours eased, as much as may be, and greater even than that, on how to prevent much of the sadness, suffering and disease in the world to-day. Those objects should be at the root of everything we wish to bring about, should be the motive power of all our deliberations, would we accomplish what we desire.

I wish to put before you a number of suggestions for future consideration. First, Nurses as a body must express themselves would they fulfil their destiny. There are many people in this day of organization and philanthropic effort, who are prone to forget your existence while they tell of your exploits. The only way to prevent that is to speak for yourselves. Keep posted on all the big issues of the day, and find and take your place in them. An organization of all the trained Nurses in Canada bound together as one is a powerful force to reckon with, and may help to win many a battle for a good cause.

Secondly, I should suggest that a Committee from this Association be formed to look into the whole matter of nurse-training, to report on it and make suggestions as to improvements. This Committee, which should be very carefully chosen, should represent all the Nurses throughout Canada and should, also, have on it laymen and women who have ideals and know something of standards. It is necessary to have a Committee who will free their minds of traditions, face the real conditions in this country and point the way to the solution of the problem of how to obtain for every sick human being skilful and humane care and for the Student Nurses a well-balanced and truly educative course, which will permit the whole woman to develop along the very best lines. No longer should the question of expediency and expense hamper our work.

Thirdly, you are to have a special report on the question of the amalgamation of the Superintendents' Society with this Association. The ideal National Organization is one including all Nurses, but it seems advisable to have special sections for special lines of work. You will be asked for your opinion on this question.

Fourthly, the time has come when the District, Public Health Nurses and Social Service Workers should be organized nationally, and I trust before we adjourn that the preliminaries for such an organization may have been completed, and that by next year the organization

may be an accomplished fact, and may be amalgamated with this Association.

There are two special lines of work which seem to belong logically to this Association, viz.: "Registration" and the Organ of the Nursing Profession. Those two matters are of vital importance to the profession in Canada. Registration will not solve all our problems, but it is the first step. We have arranged for a session devoted to this subject, so I shall not go into details here about what the various Provincial Associations have been able to accomplish during the year, but I wish to point out that here we need to have vision, to look to the heights.

A certain Provincial Secretary—but you know the story!

As regards the Magazine, again we need vision—and we wish to emphasize this Society's responsibility to the *National Nursing Magazine*. When THE CANADIAN NURSE is the recognized organ of the Canadian National, it will be backed by the National, both sympathetically and financially. The Convener of the Publications' Committee is making a report, and deals with this subject fully, so I shall merely touch on it.

During the year the National Council of Women formed a "Standing Committee on Nursing," which was modified at the Convention a week ago by forming a Standing Committee on "Professions for Women," with a sub-committee on "Nursing." This Committee was asked for in the first instance by the Superintendents' Society. The idea of it is to have the Convener, who is a Nurse, of course, report on all matters pertaining to nursing throughout Canada—What is being done by Nurses East and West and so on. All questions affecting our profession should be brought before this Committee for information and advice. As for example, the introducing of mid-wives into the country. The National Council of Women is the large national organization of women, bound together for the betterment principally of women and children and should be a wonderful force in the Dominion. We have still to prove how helpful they can be to us as a profession, and how helpful we shall be permitted to be to them. But as a very important body of women we should have a place in the National Council and should be of great assistance to them in their activities. That is a matter for you to discuss.

And one final word: We are here for a purpose, let us do all in our power to make this Convention of the Canadian National Association one of the best in its history. Especially let all of our deliberations be marked by sanity, force and liberality.

MARY ARD. MACKENZIE.

The reports of the Secretary-Treasurer and of the different Committees will appear in full in the published report, which every Nurse in Canada should secure *and read.*

Miss DesBrisay, Montreal, gave a most interesting report of the International Congress of Nurses at Cologne, supplementing with her own experiences what had been prepared by Miss Rogers.

The report of the Publications' Committee was submitted by Mrs. Lyman, Ottawa. This is a very important report, and will appear in our next issue.

The afternoon session was devoted to the hearing of a number of splendid papers. Mrs. Paffard's paper, "The Value of Nursing Organizations to the Private Nurse," will appear in our next issue.

The discussion of this was led by Miss MeKenzie, Toronto.

Miss Phillips, President of the Canadian Nurses' Association, Montreal, gave a most interesting address on "Child Welfare," with a number of lantern views of the Child Welfare Exhibit held in Montreal in October, 1912.

"Post Graduate and Special Training for Administrative Positions" was the subject of a carefully prepared paper by Miss Gladwin, Cleveland.

After the discussion on this paper the meeting was adjourned to allow the visitors to take the delightful motor drive about the Twin Cities, which had been planned for their entertainment. Everyone was sorry that a heavy downpour of rain rendered the drive impossible.

The evening session was devoted to registration, "Four of the Phases of a Registration Bill" being the subject.

I. "The Educational Requirements for Admission into Training Schools." This paper was written by Miss Scott, New Westminster, B.C., and the discussion led by Miss Kirke, Halifax.

II. "The Appointment, Personnel and Duties of the Council" was the subject of the paper prepared by Miss Corbett, Montreal. The discussion following was led by Mrs. Fournier, Gravenhurst, Ont.

III. "Terms of Transfer." The paper on this division was prepared by Miss Neilson, Toronto. The discussion was led by Miss Stanley, London, Ont.

IV. "The Curriculum." Miss Bowman, Portage la Prairie, Man, prepared this paper, and Miss Crosley led the discussion.

The report of the Dominion Registration Committee was then submitted by the President who is the Convener. This report appears in full on another page.

The following resolution were adopted by the Association:—

1. That a Committee of nine be appointed by the Executive to look into the whole question of nurse training as suggested in the President's address, and that laymen and women be included.

2. That a Committee be appointed to deal with the question of

organizing the District Nurses, Public Health Nurses and Social Service Workers nationally.

3. That the Executive appoint a Committee to communicate with the Board of Directors of THE CANADIAN NURSE with a view to finding out what may be done to bring about what has been recommended in the report of the Publications' Committee.

4. That a Committee of not less than five be appointed by the Executive to draft a Model Registration Bill and present it to the various Provincial Associations for their report and to this Association for its approval next year.

5. That the Nova Scotia Graduate Nurses' Association and the Saskatchewan Graduate Nurses' Association be affiliated with this Association.

REPORT OF THE DOMINION REGISTRATION COMMITTEE.

The Dominion Registration Committee was formed at the instance of the Superintendents' Society, in 1911, but it seemed advisable to this Association to present this report to the Canadian National Association, as the Committee is in reality one representative of all the nurses in Canada. The members are:—

Mrs. Fournier, Miss Brent, Miss Mackenzie, from the Superintendents' Society.

Miss Neilson, from the Canadian National Association of Trained Nurses.

Miss Kirke, Miss Wrayton, from the Nova Scotia Graduate Nurses' Association.

Miss Colquhoun, Miss DesBrisay, from the Canadian Nurses' Association, Montreal.

Mrs. Paffard, Miss Crosby, from the Graduate Nurses' Association of Ontario.

Mrs. Douglas, Miss Catton, from the Ottawa Graduate Nurses' Association.

Miss Bowman, Miss Wilson, from the Manitoba Graduate Nurses' Association.

Miss Cooper, Miss Browne, from the Graduate Nurses' Association of Saskatchewan.

Mrs. Manson, Miss McPhedran, from the Alberta Graduate Nurses' Association.

Miss Wright, from the Graduate Nurses' Association of British Columbia.

It may be of interest to repeat what the plans of the Committee were as outlined last year:—"The plan of the Committee is to have representatives from each Province prepare the best bill possible for

that Province. When all these bills are prepared the Committee will take them, compare them, and from the nine will concoct a model bill, which will have all the good points contained therein and none of the bad ones. This bill will be the one presented to each Legislature and, when the last one has passed, we shall have Dominion Registration.

"This method commended itself to the Committee for a number of reasons: It will unite the Nurses from the Atlantic to the Pacific; that is very desirable, as in union is strength, and the interests of the Nurses from ocean to ocean being identical, there should be no artificial barrier raised. Then, too, our chances of obtaining a really good effective bill are better, when many minds are at work on it, and the various Legislatures are more likely to respect our requests, when they see that the profession united as to what they wish, than as though each little group presented a request absolutely different from that of another little group, and so on. And, again, to have a uniform bill insuring uniformity of standards for admission and for graduation throughout Canada would do away with much trouble and confusion in the future."

The Committee has not accomplished as much in the time as the more optimistic of us had hoped to accomplish. The reasons for this are various and will be given later.

During the year the Convener met a number of the representatives of the Nurse Associations, and, after discussing the whole situation, it was deemed advisable for the Nurses to rush their bills, in order to avoid any possibility of a block; as in Ontario.

All of the Provinces, excepting Prince Edward Island and New Brunswick, are at work, and the general interest is much keener than it was a year ago.

Nova Scotia has kept on with its good work, but has not as yet prepared a bill. A good deal of indirect work in improving training school conditions has been going on quietly, and we feel that Nova Scotia is better prepared now to carry a good measure than it was a year or so ago.

In Quebec the Canadian Nurses' Association have taken a forward step and hope to have their bill ready to present at the next session. They are endeavoring to form their Provincial Association, preparatory to presenting this measure.

In Ontario, Clause 18 in the Hospital Bill has had the effect of calling a halt to really active work. No Regulations-in-Council have been sent out by the Government, so the measure has proved a dead letter.

Manitoba has the proud distinction of being the first Province to secure a Bill of Registration for Nurses. Though the measure is in a degree disappointing to the Manitoba Association, still there are some excellent points in it. Chief of these is the University recognition, for

the more we ponder on the nurse-training situation the more convinced we are that real help must come through the highest educational force in the country.

Saskatchewan has not made much progress apparently, but an effort has been made to educate the Nurses as to the great need for registration. Arrangements are being made to have a short time devoted to the subject of registration at each monthly meeting of the Graduate Nurse Association. The Association decided that the bill drafted last year would have to be modified before being presented.

Alberta has made a good deal of progress. The Provincial Association was organized during the year and is incorporated. They held their first meeting, April 8th, when a Registration Committee was appointed to draft a bill and submit it to the Legislative Assembly of the Province. The Edmonton Association sent in a bill to this Committee early in the year, which will most likely be modified.

In British Columbia a good deal has been done since last year. The Provincial Association has been formed: "The Graduate Nurses' Association of British Columbia." They drew up a bill and presented it at the last session. Unfortunately it was laid over until next session. This was due to the fact that some of the Upper Country members felt their hospitals were being overlooked and, as the session was short, there was not time to correct this erroneous impression.

From what has been given, ladies, we believe you will agree with us that the Nurses throughout the country are deeply interested in the question of registration. Here we should like to make some suggestions. In carrying out the original plan of the Committee there has been certain difficulties experienced. First, the distances are great, so it is difficult to arrange for meetings of the Committee. Secondly, the Nurses are very busy women, and, consequently, letters are not always answered promptly and the loss of a week here and a week there brings us to the end of the year with very little to report.

It is of vital importance to the profession that there be some uniformity in standards, that the training, registering and so forth be the same fundamentally in all parts of Canada.

We should suggest that there be a Dominion Registration Committee and that this Committee draw up a model bill, a copy of which may be sent to each Provincial Association, and returned to the Convener with suggestions which may be further considered by the Committee and so a uniform bill may be arrived at. The Committee, however, urges on the Nurses to keep right along, moulding public opinion, agitating for really educative courses for student-nurses and for high standards.

Respectfully submitted,

MARY ARD. MACKENZIE, R.N., Convener

REPORT OF THE COMMITTEE OF AMALGAMATION.

In October, 1912, a Committee composed of the following members —Miss Hersey, Montreal; Miss Uren, St. Catharines; Miss Morton, Collingwood; Miss Flaws and Miss Snively, Toronto, was appointed by this Society (the Canadian Society of Superintendents of Training Schools for Nurses) to suggest some plan by which the various nursing organizations of our country might amalgamate.

The Committee begs therefore to submit the following:—The terms commonly used in this and other countries to express the consummation of the union of two or more societies are as follows:—

The word "affiliate" is from the Latin word "filius," a son, and when used in relation to societies, signifies to receive, to connect as branches.

The word "amalgamate" signifies to compound, to mix, to blend, to unite or combine into one mass or whole.

The words "federate" and "league"—the latter more frequently used in Great Britain than in this country—both signify a compact or association in common interests.

In this report, therefore, your Committee has taken the liberty of substituting the word, federation, as more nearly expressing the thoughts of the societies who look forward to a closer union of our various nursing organizations.

In its national scope and significance we have long ago learned that federation means a fuller service, and an ampler achievement in our separate tasks.

However much, therefore, one may feel disposed to deplore the tendency of the twentieth century to multiply, rather than diminish, the number and variety of its organizations, one must be prepared to accept the fact that federation does not, nor can it ever mean less work, either on the part of the individual member or the allied society, nor does it necessarily imply fewer organizations.

Just as our national army in service, composed as it is, of companies, regiments and divisions, depends for its efficiency upon its daily drill and discipline, so must the various nursing societies depend upon the earnest and faithful work performed from month to month throughout the year in the local association, if each be ready to contribute its part at the annual meeting of the federated societies. Such an organization at its annual meeting, holding the sessions concurrently, each discussing its own particular specialty in separate sections and presided over by its own chairman, would give to our profession a consciousness of solidarty such as it has not had heretofore. It would emphasize the thought that we are only divisions of one great army, with one common aim or purpose. It would do away with party spirit, which too often mars our best work, and enable us more efficiently and effectually to

cope with the ever changing conditions which confront us in this great country.

The Canadian National Society, therefore, with which nearly all of our nursing organizations are at present affiliated, need only make some slight changes in the Constitution and By-laws in order that such a consummation be realized.

The Constitution and By-laws of the Canadian Medical Society afford an excellent basis for our guidance on this work of revision.

In that Society all dues are paid into the central organization and from its funds the journal of the association is published. Why should we not emulate their example in this as in other particulars?

Should change of name be thought advisable that of "The Royal Canadian Nursing Association" may possibly be considered appropriate.

The name naturally suggests itself in view of the comparatively recent event enacted at Frogmore in 1909, by special permission of his late Majesty, King Edward VII. Moreover it would doubtless be an easy matter to secure the consent of His Majesty King George, to allow us the privilege of using the word Royal, more especially as we have always placed ourselves on record as an association whose loyalty is assured. In view therefore of the nature and extent of interests involved, your Committee would respectfully recommend that a carefully selected Joint Committee be appointed, composed of representatives from the several Provincial Societies, Superintendents and Canadian National Organizations.

This Committee (which should be allowed to secure legal assistance should it be desired) could make a careful study of the Constitution, By-laws and aims of the National League of Nursing, Education, American Nurses' Association, Canadian Medical and other similar organizations, and then recommend such amendments to the present Constitution and By-laws of the Canadian National Association as may be deemed necessary.

In the hope, therefore, that there may be given to each of us a deeper realization of the whole task set before us, a clearer understanding of its difficulties and problems, a fuller development of our resources, a truer conception of the dignity and scope of our work, together with a broader outlook and ever expanded sympathy, this report is respectfully submitted.

THE EIGHTH ANNUAL REPORT OF THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES

The eighth annual meeting of the Toronto Central Registry was held Thursday evening, June 5th, at the Nurses' Club, 295 Sherbourne Street, headquarters of the Registry. Miss C. Mitchell occupied the chair. Miss M. Ewing, Registrar, gave a report of the year's work, which shows the Registry to be in a most flourishing condition.

Miss Eastwood, convener of the Central Registry Extension Fund, read her report, also the Treasurer's report, in the unavoidable absence of Miss Crosby. Many needy patients received assistance from this Fund during the year.

After reports were received, everyone adjourned to the lawn, where dainty refreshments were served from a beautifully arranged table decorated with white and mauve lilacs. The lawn was resplendent with Chinese lanterns and the orchestra delighted all by rendering most enchanting music.

REGISTRAR'S REPORT

Madam President, Members of the Central
Registry, and our Guests:—

Twelve more months have rolled along since we presented our last annual report, and we are again called upon for an account of our stewardship, which I have pleasure in giving.

May 31, 1912, we had 408 members. Although 136 new names have been added since June 1, 1912, we close the year with only 430, which goes to show the changes that take place in the space of one year. Up to May 31, 1913, our membership list consisted of the following graduates: Toronto General Hospital, 128; St. Michael's, 47; Toronto Western, 40; Grace, 38; Riverdale Isolation, 22; American, 51; outside Canadian Hospitals, 44; from Training Schools in England, Ireland and Scotland, 24; St. John's, Toronto, 6; Hospital for Sick Children, 30.

The calls for the year totalled 3,678, showing an increase of 809 for the year. Of these 1,846 were personal. 36 patients received assistance from the Central Registry Extension Fund. The largest number of calls came in January and May, with a total of 372 each, the lowest in September, with a total of 236.

FINANCIAL STATEMENT

12 Months Ending May 31, 1913

RECEIPTS

Balance in banks June 1st, 1912		
Savings Account—Bank of Hamilton.....	$1,451.06	
Current Account—Dominion Bank.....	288.30	$1,739.36

Fees collected during year		$2,195.00	
Sales or charts and clips (averaging $5.78 per month)		69.44	
Interest savings acct. to May 31st, 1913		42.96	2,307.40
			$4,046.76

EXPENDITURES

Office, salaries, rigistrar and assistants		$1,440.00	
Rent 12 months to May 15th, 1913, 2 rooms at club house		300.00	
Expense annual meeting, June, 1912, Catering	$32.00		
Chairs, etc.	4.75	36.75	
Telephone—Service to June 30th, 1913	69.00		
Long Distance tolls	5.68	74.68	
Advertising—¼ page "The Canadian Nurse" to June 30th, 1913	27.07		
Reader re rates "Mail & Empire"	4.88	31.95	
Printing, pads, reports, constitutions, etc		42.75	
Stationery and office supplies		51.30	
Postage		23.10	
Railway Guide, 12 months		5.20	
Audit, report and books 1 year to 31/5/12		15.00	
Stenographer—Services during Archer investigation		27.00	
		27.00	
Charts and temperature sheets		29.00	
Library Fund—T. G. Nurses' Club		105.00	
Subscription to Extension Fund per Miss Crosby		300.00	
Subscription to Social Service work per Miss Holman		25.00	
Flowers—Sick nurses and others		8.55	
		$2,515.28	
Balance in banks May 31st, 1913:			
Savings acct., Bank of Hamilton	$1,424.02		
Current acct., Dominion Bank	107.46	1,531.48	$4,046.76

The amount of overdue fees at this date appears to be $95.00.

I have examined the vouchers, cheques, bank books, cash book, and fee books of the organization and certify that above statement is in agreement therewith.

Toronto, June 2nd, 1913. T. W. ELLIS.
Auditor.

We have had considerable printing done this year. In the early Autumn, ballot slips were printed and mailed to each nurse, when a vote was taken on the raising of fees, which as you know was carried

by a large majority. Constitutions were reprinted and distributed, also charts, which are always available at a reasonable price. As in former years, we have had a number of positions to fill, nures having been sent through the Registry to Chicago, New York, Cleveland, Pittsburg, St. Louis, Edmonton, Regina; White Horse, Yukon Territory; and two leave this week for Revelstoke, B.C. A number have accepted positions in the city. Since our last annual meeting 40 have been married; our very best wishes accompany them.

Two of our members have been removed from scenes of earthly toil and trial.

Several have been seriously ill, but are now, we are pleased to be able to report, convalscent. To those who have borne the loss of dear ones we extend our heartfelrt sympathy.

Before closing, I would like to thank the members of our committee for their thoughtful kindness and faithfulness in attending as far as possible the regular monthly meetings, and the keen interest shown in all affairs of the Registry, to whom with our most estimable convener I am indebted for support and advice.

On behalf of our committee I wish to cordially welcome you here to-night, and trust that you will have such a really good time that you will often honor with your presence the Toronto Graduate Nurses' Club.

All of which is respectfully submitted.

MARGARET EWING.

PRIVATE MENTAL CASE—MELANCHOLIA.

Patient was a girl of about 21 years of age. The cause of the trouble was supposed to be disappointed affection. Treatment was given by a local doctor for run-down condition, for some time, but later, friends strongly advised to consult a mental specialist. However, this they would not consent to, believing that given improvement in general health, all evidence of mental impairment would disappear, with the result that they very unwisely allowed this depression to remain unchecked for nearly two years.

During this time the patient gradually became worse, suffering severely with headaches, constipation, loss of appetite and the inevitable insomnia. She also became very morose, sitting for hours at a time staring into vacancy and finally refused to exert herself to talk to anyone.

Things reached a climax one morning, when it was noticed that there was strong evidence of suicidal tendency existing. Patient having been caught in the act of preparing solution of match heads, and was only just prevented in time, from doing herself harm. After this experience

friends quickly consulted a mental expert, who ordered her removal to a quiet seaside resort, under the care of a mental nurse.

The doctor thought chances of recovery very remote, owing to delay in obtaining treatment, and advised her relatives to that effect. As the crib which was taken for our habitation was built facing a river, with the ocean to one side, and the bush directly behind, one can realize the opportunities afforded to one who was admittedly "tired of life," and the necessity for unceasing observation on the part of those in charge.

On the other hand, the beautiful surroundings, the fresh sea breeze, the delightful walks along the beach or through the bush, the songs of birds and all the beauties of nature, helped to soothe the distracted brain. At first we had much to contend with, in persuading our patient to walk, and to partake of food, she being fully determined not to do either. It was therefore necessary when out of doors to drag the patient along, but after two or three weeks this trouble became less marked.

With regard to second difficulty, we had to resort to forcible feeding for a time, but later on, owing, no doubt, to the constant outdoor exercise increasing the appetite, we were able to dispense with all artificial means of giving nourishment.

The treatment as carried out was as follows: Morning cold bath, daily attention to bowels, regular outdoor exercise, nourishing full diet, allowing plenty of fatty foods, free ventilation indoors, hot baths in evening to induce sleep—at the same time endeavouring to arouse the interest of the patient in things around her. Visitors were strictly prohibited. After the first few weeks the doctor advised us to occasionally go boating, and instructed us to allow patient control of rudder. Accordingly, one fine day, we proceeded to the wharf, and after all were safely seated in the boat, we took the oars, and asked our charge if she would attend to steering gear, which she did without a murmur, but we were more often on the sandbanks than in the water. At such times we would talk on with increased animation and evident unconcern, using the oars with vigour at the same time, and presently we would find ourselves in mid-stream once more.

Although not bearing on my subject, I may mention here, that in our anxiety for our patient's safety, we did not notice that the stern of the boat was heading downstream. This afterwards explained our rather serpentine mode of travelling. However, we were glad to again feel ourselves safe on terra firma.

In the evenings we usually had some music, or played indoor games, which gradually became of some slight interest to the patient, and she would sit and watch us. Although not yet endeavouring to speak to anyone, yet in other ways there were signs of improvement as her appetite was good, constipation cured, and sleep much more sound.

We were very fortunate in experiencing beautiful weather all the

time; this admits of our being out of doors continually. On one occasion we had tea on the verandah, after which we lingered outside till dusk came on, and presently the moon gradually rose, until it topped the hills and its silvery rays were mirrored in the river beneath. Immediately a boat glided upon the scene and with the noise of the distant rolling in of breakers, and the perfect calmness of evening, one could not but be impressed with the beauty of nature. As we stood there motionless, all gazing ahead, lost in admiration, my patient suddenly grasped my arm and said: "Oh, nurse, this is a beautiful world; I am glad I am in it." This was the first great sign of an awakening conscience, and these the first words spoken after a silence of a few years.

My friend and I experienced a thrill of pleasure, which we will not likely soon forget, as we realized the importance of this act on the part of our patient, and the deep meaning conveyed to us by her few words.

Gradually from this time recovery became very marked, and we were soon able to induce our patient to sing to us, play our accompaniments, or join in evening games. In this way we spent many happy hours, until the time arrived for her ultimate discharge, and it was with a feeling of great satisfaction that we finally left our charge with her relatives, radiantly happy and perfectly sane. Thus we see that what at first seemed so hopeless, was accomplished in three months' time by the combined forces of nature and science. Many years have passed since, and not has this patient ever had even a slight mental relapse.

L. G. in *Kai Tiaki.*

INFANTILE SPINAL PARALYSIS.

"The importance of the treatment of this affection by means of physical training has been greatly emphasized because of the fact that there have been several extensive epidemics of the disease in recent years, so that the management and care of these patients has become a very important matter in orthopedic practice.

This is an organic affection, one in which the anterior columns of the cord are invaded. The disturbance causes a direct interference with the power of locomotion—it is a motor paralysis. Fortunately, so far as the paretic element is concerned, the tendency is toward recovery or improvement. By the attention that can be given in training these patients, very marked improvement can be produced along two or three lines. First, the exercise of disabled groups of muscles tends to prevent their degeneration, and aids in a partial restoration of power. Then, again, other muscles can be used more or less in a substantial way, to take the place and perform the duties of those that were disabled. Finally, education of the higher nerve centres is an important factor. For such treatment, the most important variety of the various disabilities

which result from infantile paralysis, is that in which a complete paraplegia results—where both the lower extremities are completely disabled. The proportion of cases so seriously affected is not large, and yet the writer has had the responsibility of dealing with ten of such cases, in nearly all of whom the paralysis was complete. To report one such typical case will best serve, probably, to describe the treatment followed.

A. R.—A young women, 17 years of age, had had infantile spinal paralysis at 15. During the interval had never been able to stand or walk. Recumbent upon a couch, it was ascertained that all the groups of muscles of both limbs were completely disabled, so that there was no response to her will manifested in any muscular group. There had been no encouragement afforded in the case, but I did not hesitate to assert that the young woman could be trained to walk by the aid of braces and crutches. She commenced the gymnasium work at once, by the use of the trolley. The movements of the limbs, while thus suspended, is in no sense contradictory to the statement made above, that there was complete paralysis of the lower extremities. The movement, after the manner of walking, did not result from action of the muscles of the limbs themselves, but from forces exerted through the body muscles and arms as she pulled upon the ropes. This exercise is continued from day to day, gradually increasing. When it has been fairly well learned, then braces are employed, which extend from the boots to the top of the thigh, by which the knees are prevented from giving way under the body weight. Practice is continued until finally suspension is omitted and the patient has been trained to walk, aided only by crutches and braces. Having thus been started in the way of locomotion, the amount of improvement that may occur is indifinite, but in every case it is considerable in amount, partly because muscles which had been apparently completely paralyzed sometimes show some degree of recovery, but chiefly because the education of the patient continues, and through intelligent effort increased facility in movement will result.

Chorea.

Chorea is another affection, which is distinguished by very great inco-ordination of movement. At *l'Hopital des Enfants Malades,* Paris, numerous cures have been obtained in rebellious cases of chorea.

In simple chorea, when the child retains a certain measure of control over his movements, simple and rhythmical floor exercises done to command, serve as a sort of discipline for the nerve centers, to which little by little the members yield obedience, and the will gradually resumes its control over the muscles.

In more serious cases the disorder of movement is complete and the child is powerless to control, even in the slightest degree, the agitation of the limbs. In such cases treatment for four or five days is lim-

ited to general massage of all the muscles; then passive movements are undertaken.

The limbs are held quiet for a few minutes, and then passive movements are given methodically and rhythmically. At the commencement the will of the patient takes no part, or even sets up opposition. Then, little by little, it is felt that the exercised muscles form the habit of association, through the efforts readily induced by the operator. At first the will has but a feeble control over the muscular system, but little by little it seems to resume its function, and the frequency and disorder of the movements diminish in intensity. One case, which had become chronic, is here cited.

M. W.—A girl, thirteen years of age, had had well marked chorea, about two years previously. She was tall, poorly nourished, anæmic. The disordered movements had continued, had become less in intensity, but were quite beyond her control. She was subjected to the regular work of the gymnasium, along the lines just indicated, as far as possible doing her work in association with others in a class, numbering six or eight persons. Very soon there was a noticeable improvement in her general health. This continued until it became well established; but it was a period of more than six months before she had gained a mastery over the inco-ordination.

It has been the writer's observation that in chorea that has thus become chronic, a much longer period of time is required in order to give the patient control over her own movements. In cases of chorea of shorter duration I have seen marked improvement within a week, and complete return to self-control within six weeks after the commencement of treatment. Suggestion and example should be employed as consistently as possible. If a class of patients work together in rows, the choreic individual should be placed in the back row, so as not to excite the comment of those who are working with her, and so that she may, without embarrassment, follow the movements and example of those who stand before her. It is surprising how soon there is a ready and exact response to the words of command, showing that under the stimulus afforded, the will resumes readily its normal control. Of course, patients who are having an elevated temperature, or who have acute heart lesions, should be excluded from work in the gymnasium. Quite other treatment is then called for."—*The Canadian Journal of Medicine and Surgery.*

CORRESPONDENCE.

To the Editor THE CANADIAN NURSE:

Dear Madam,—Knowing that THE CANADIAN NURSE has a wide circulation among the medical and nursing profession, I would like to make an appeal on behalf of the Home Mission Hospitals of the Presbyterian Church in Canada for workers, both men and women.

During the past ten years the Presbyterian Church has been erecting hospitals in mining districts and foreign colonies, and carrying on medical missionary work in the outlying and needy places of our great North and West land. The growth of this work has been gradual, and the character, experimental. Much good has been accomplished through the efforts of consecrated Christian doctors and nurses, the results of which can never be fully tabulated. I am sending you, under separate cover, a copy of the Tenth Annual Report of the Women's Home Missionary Society, from which you can get an idea of both the volume and character of the work done in Canada by the W. H. M. S. We have inserted in your advertising columns of this number a request for workers, and sincerely hope it will be successful in bringing a response to this field of religious and humanitarian effort. Were I to paint a picture of the need it would reflect a life of sacrifice on the part of those who have in the past ministered to the sick and dying foreigners, strangers and immigrant amidst uncongenial surroundings, with inadequate equipment and unequal remuneration.

It is a great thing to be in at the making and building of a nation, and we in Canada have the glorious opportunity of being co-builders of one of the most richly blessed and highly favored lands in the British Empire.

I have written you, dear Editor, this letter as a sort of amplification of the advertisement, lest some of your readers do not scan the advertising columns of your valuable journal.

With kindest regards, believe me, faithfully yours,

(MRS. H. M.) JEAN KIPP,
Corresponding Secretary W. H. M. S.

Editorial

AMALGAMATION.

Though the amalgamation of the Canadian National Association of Trained Nurses and the Canadian Society of Superintendents of Training Schools for Nurses has been under discussion for two years, no decision has yet been reached. Many things have to be considered and from different points of view before a step that involves so much can be taken. Amalgamation means the loss of identity, and this surely is neither desired nor desirable.

The report of the Committee of the Superintendents' Society, presented by Miss Snively, the Convener, at the Convention at Berlin in May, puts the whole subject in a clear, thoughtful light and presents it in a broad, comprehensive manner. This report deserves the careful study of all interested, and should inspire some comments and further suggestions.

We will be glad to hear from any who may have a word to add on this important subject.

IMPRESSIONS OF SCHOOL NURSING.

It is the biggest and best work a Nurse can do. No work done with and for children is lost, even though results are not noticed immediately.

I grant the right sort of Nurse must take up the work and feel personal responsibility if results are to be obtained.

A School Nurse.

We would like to make "The School Nurse" page really helpful to those who are doing school nursing. To do this we need the co-operation of every School Nurse in Canada. Each can contribute a part. Do not think that because those things are commonplace to you they are uninteresting to others.

Help us to make this page worth while.

Will correspondents kindly send all communications to the Editor not later than the ninth of each month. Please write on only one side of the paper.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

Miss Bryce, Graduate of the Hospital for Sick Children, Toronto, who is nursing in Labrador in Dr. Grenfell's Mission Hospitals, writes most interestingly of her work about which she is very enthusiastic.

These excerpts from her letters will give some idead of the work:

"Christmas was a very busy season, and in between the actual nursing we kept rushing up to the storeroom to tie up warm mufflers, mitts, etc., for the patients, and down to the kitchen to make plum puddings and cake, and then we did a little decorating and had a splendid time packing the doctor off on a Romatik with the dogs to get the Christmas tree. The weather was simply ideal—bright and sunny with an unlimited amount of the clearest, whitest snow I have ever seen. On Christmas Eve the whole Mission staff—twelve of us—had dinner at the Grenfall's.

"We had a very grand dinner, with name cards drawn by the doctor—mine was myself and the X-ray machine, and we had just finished and were having a beautiful time around a blazing log fire when the

"Prospero" blew, and we hospital people had to leave in a hurry. It was a glorious moonlight night, and we drove out on a komatik over the frozen harbour to where the steamer was making great digs at the ice. It was just like fairyland to skim across the frozen sea drawn by nine lovely dogs, towards a great white ship all glittering with ice and snow in the moonlight. We only got nine patients, but we stayed up all night to attend to them and put the finishing touches to the tree and other preparations. Christmas Day was one mad whirl—first a big dinner for the patients, then our own, to which the Grenfalls came—this had to be hurried over as the whole family had to dress Santa Claus.

"The big waiting room was crowded with children from all around the harbour, and you can imagine their expressions when they saw coming across the harbour a beautiful sligh drawn by two real live reindeer, and in it a quite perfect fairy-story kind of Santa Claus in reindeer

The Hospital, St. Anthony, Labrador.

skins and glittering all over with genuine icicles. It is my one great regret that I was too busy to get a picture. He gave away the presents to a perfectly competent crew and then under their very eyes stepped into his sleigh and drove back over the harbour "straight to the North Pole," so they said.

"The dog drivers are perfectly fascinating and quite beyond my powers of description. I do wish I could give you an idea of the excitement of dashing along the most perilous paths with the huge dogs entering into all the fun and the driver yelling the most extraordinary language at them—they are driven entirely by sounds and some of these are too peculiar for anything. My last drive was along the edge of a frozen harbour with hills and trees on our right and on our left the ice

dotted over with islands of snow and ice like small bergs, and everything was the most wonderful shade of gold and pink under a setting sun. Later on, if we are not too busy, each Nurse in turn is to go out on the District for a month. I only hope my X-ray work won't prevent my going.

"I can't bear to think of leaving this place. I don't believe I shall be able to stay away one day longer than I have to. The 'lure of the Labrador' is a very real thing, I find.

"Just now I am on night duty. It is a gorgerous night with a full moon, and the icebergs in the silver light are like fairy palaces. I wander round like an owl, listening for the steamers, which are due any time now—one from the north, one from the south, and one from the

A patient leaving the hospital for a 20 mile drive home.

west coast. The whistles sound differently, now I can distinguish them, and it depends on the boat who I have to waken. Patients for the north; doctors and students for the south, and everyone for the west coast boat, which brings freight. As soon as the steamer blows the huskies (dogs which are seven-eighths wolf) begin to howl—they can't bark. First one begins and every beast on the island takes up the howl till the noise is deafening. These huskies are dangerous beasts and quite capable of eating their masters, so we don't pet them, but they are splendid beasts and driving with them is about the most fascinating thing in the world."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Ave., Toronto; First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford ; Second Vice-President, Miss G. A. Read, 156 John St., London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby St., Toronto. Directors: Mrs. W. G. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Pafford, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

A number of requests for information has come in response to the advertisements that have appeared in different papers and magazines. Several papers, beside the *Telegram*, Toronto, have taken up the subject of short course and correspondence school. Among these are *The Spectator*, Hamilton, Ont.; *The Evening Citizen*, Ottawa. These papers have not only published articles that place before the public the facts as they are, but they have sought the opinions of prominent doctors and nurses and published the report.

This should certainly help materially in striking at the root of this evil—the exploiting of young women for commercial gain, and also to help make young women contemplating the study of nursing to do some serious thinking and seek the proper training if they wish to be members of this noble profession.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.
Vice-President—Miss Dressel, 58 Charlton Ave. East.
Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.
Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.
Treasurer—Mrs. Reynolds, 143 James St. South.
"The Canadian Nurse" Representative—Misss Bessie Sadler, 100 Grant Avenue.

Delegates to the annual meeting of the Graduate Nurses' Association of Ontario. Taken by Miss Sadler, Hamilton, at the Forest School, Toronto.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss DesBrisay is visiting in Georgeville, Que.

Mrs. Burch, Registrar, is spending her holiday with her son in Portland, Me.

Miss Thompson has returned to the city.

Miss Hill is spending her vacation at Little Metes.

The Nurses of Montreal are publishing a Nurses' Directory, which will soon be ready for circulation.

Such help as we can give each other in this world is a debt to each other; and the man who perceives a superiority or a capacity in a subordinate, and neither confesses nor assists it, is not merely a withholder of kindness, but the committer of injury.—Ruskin.

There is a purity which only suffering can impart; the stream of life becomes snow-white when it dashes against the rocks.—Jean Paul Richter.

Out of suffering have emerged the strongest souls; the most massive characters are seamed with scars.—Chopin.

NATIONAL ORGANIZATION OF VISITING AND PUBLIC HEALTH NURSES.

At the Annual Convention of the Canadian National Association of Trained Nurses, held in Berlin, Ont., in May, a step of very great importance to Visiting Nurses was taken, when it was unanimously decided to form a Committee to work out plans for organizing the district and public health nurses and social service workers nationally.

Miss Eunice Dyke, Health Department, Toronto, was appointed Convener by the Executive. It is hoped that all nurses interested in this most important branch of nursing will give their enthusiastic support to this movement.

Organization is the watchword of progress to-day, and when all the Nurses from ocean to ocean, engaged in any of the branches of public health and social service work are banded together, what a force of good they will be!

This new national body once it is started will be the third national organization of Nurses in Canada, and will most likely be affiliated with the Canadian National Association. Next year the organization will be rounded out at the Annual Convention of that Association in Halifax, and, looking farther ahead, we expect it to give a very good account of itself at the International Meeting in San Francisco in 1915. Then Nurses will be assembled from all over the world and we shall be able to find out about the trials, the struggles and triumphs of our sisters from all corners of this planet. At that Congress, as in every Congress of Nurses to-day, much interest will be taken in the developments in visiting, nursing and social service work, and though Canada can contribute much, she can learn a great deal from the representatives from

other lands. We know we shall be very much richer after that Congress.

We wish, union, perfect, harmonious union, which bars out everything approaching to monopoly or narrowness.

Let us remember the first great Social Service Worker and learn from Him what should characterize our activities: Simplicity, force, harmony, beauty, and a charity that is broad enough to embrace the whole world.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset street, Ottawa, or to one of the District Superintendents at 206 Spadina avenue, Toronto, Ont.; 46 Bishop street, Montreal, Que., or 1300 Venables street, Vancouver, B.C.

HOSPITALS AND NURSES.

On the 24th of July, through the kindness of the Sisters of St. Michael's Hospital, the under-graduates spent a very pleasant evening on the Roof Garden of the Hospital, which was prettily decorated with lights and flowers for the occasion. Dainty refreshments were served. Such an enjoyable evening was spent that an invitation was extended to the Gradutes for the following evening. A large number responded, and a second evening was enjoyed by all.

Miss Power, Graduate of St. Michael's Hospital, Toronto, has moved her private hospital from College street to Yorkville avenue. We wish her increased success.

A meeting was held at the General Hospital, St. John's, Newfoundland, on June 7th, to discuss the formation of a Nurses' Association for Newfoundland. The Association was formed and the following officers elected:—

President, Miss Southcott; Vice-President, Miss Campbell; Secretary-Treasurer, Miss Bowden; Executive Committee, Misses Tuck, Redmond, Cullian, March. It was arranged to hold a meeting on the first Saturday of each month.

H. F. Gardner, Principal of the Ontario School for the Blind at Brantford, Ont., will be glad to get into touch with anyone needing instruction in this school. A good English education can be aequired, also

instruction in suitable trades. There is no charge for board, tuition or books.

Miss Mary Wilson, Graduate of Vancouver General Hospital, has accepted the position of Resident Graduate Nurse in charge of the Infirmary at the Braemar School for Girls, Vancouver, B.C. She will have complete supervision over the physical life of the girls and will have authority to modify or increase the usual physical exercises.

Miss Marion Fraser and Miss Wheeler, Graduates of the Vancouver General Hospital, have taken positions in the King's County Hospital, Seattle.

Miss J. Moore, Graduate of the Toronto Western Hospital, Class '09, has accepted the position of Assistant Superintendent of the Oshawa General Hospital.

The annual graduating exercises at St. Joseph's Hospital Training School, Port Arthur, Ont., were held July 24th. Five Nurses received their diplomas and medals: Misses Elsie Martin, Nora Ryder, Grace Hall, Stella Dolan, Clare Milway.

The beautiful grounds of St. Joseph's Convent adjacent to the Hospital were used for the occasion. As the five white robed Graduates, with five tiny flower girls, accompanied by the Superintendent of the Training School, left the Hospital to take their places in front of the platform, a march, played by Misses Fisher and M. Leigue, opened the programme, which consisted of addresses by Mayor Oliver, Mr. Hogarth, M.P.P., Mr. I. L. Matthews, Chairman. The diplomas were presented by Rev. Father Donovan, the medals by Dr. Beck. Musical numbers were rendered by Miss Hessin and Mr. Joe Hauley, and during refreshments music by Misses Freeman, MeLeigue, C. Caset and Fisher.

The presence of Rev. Mother De Pazzi, of St. Joseph's Community in Toronto, was a great pleasure to the hospital authorities, and the many friends of this much esteemed Mother, who was the Supervisor of the Hospital at its foundation twenty-nine years ago.

Miss L. Regan, Superintendent of the Training School, St. Joseph's Hospital, Port Arthur, returned July 18th after a pleasant boat trip to Montreal and other Eastern places.

Mrs. M. B. Harvey, President of the Graduate Nurses' Association, Fort William, is camping at Silver Islet during the holidays.

The Summer months have been busy ones for the Club, the convenience of which is being shown by the number of guests who have enjoyed the privilege when passing through Toronto from many points in the States and Canada, and we are being asked what we ever did

without such a place. It is so lovely to have some place one knows they can come to without having to go to a hotel.

Early in the Summer the following announcement was sent out to many points in the States and Canada:—

The Toronto Graduate Nurses' Club is open for transient guests to all members of sister organizations, when recommended and introduced by a member of the Club. Rates:—Room, $1.00; Breakfast, 35 cents; Lunch, 35 cents; Dinner, 50 cents.

M. A. Mackenzie, R.N., Superintendent.

Among the guests at the Club have been:—Miss Powell, Superintendent University Hospital, Minneapolis, Minn., and the Misses Powell, of Norfolk, Va., en route to Saguenay, Que.; Miss Ferguson, New York; Miss Bell (H.S.C., Toronto), Chicago, Ill.; Miss Ovens (T.W.H.), Louisville, Kentucky; Miss Clarke, Victoria, B.C. Mrs. Bowman, Berlin and Waterloo Hospital, Berlin, Ont., was a guest for a few days.

Dr. M. T. MacEachern, of Montreal, who has recently been appointed General Superintendent of the Vancouver General Hospital, will take up his duties the first of August.

The regular monthly meeting of the Victoria Nurses' Club was held August 4th, at 3 p.m., in the Alexandra Club. The President, Miss E. H. Jones, in the chair.

Minutes of the last meeting were read and adopted. Two dollars was voted for the Women's Council Rest Room during Carnival Week. Two new members were accepted, Miss Norcross and Miss Ferguson.

Miss Norcross has been an active member of the Vancouver Association. We all feel pretty proud of having her with us.

On the adjournment of the meeting tea was served in the ball room of the Club by the Local Council, and was enjoyed by all. The good wish was expressed for their success during the coming week.

Miss Turner is to have a much needed rest at Cowichan Lake.

Miss Mable Brown, Graduate of the G. and M. Hospital, Collingwood, is holidaying with her mother at the Soo.

Miss Jean Carr, Graduate of the G. and M. Hospital, Collingwood, is spending her holiday at Grand Bend.

Miss M. M. Redmond, Graduate of the Collingwood G. and M. Hospital, Class '00, who has been spending her holidays at Niagara and Toronto, spent a few days in Collingwood en route for Owen Sound, where she will resume her duties as Superintendent of Owen Sound Hospital.

The Board of the City Hospital, Regina, Sask., are preparing to build a large addition to the Hospital, also to build an Isolation Hos-

pital. The plans have been approved, and the work will be proceeded with at once.

Prince Albert, Sask., is going to look well after the health of its babies and incidentally that of all its citizens, by having a pure milk supply. The Prince Albert Creamery Company is building a creamery and dairy to cost $50,000, equipped with the most modern machinery, and to be still more sure, they are supplying to farmers near the city who wish to co-operate, cows that are free from any suspicion of tuberculosis.

The Graduating Exercises of the Class of 1913 of the Berlin and Waterloo Hospital, took place on July 14th on the lawn. The lawn was beautifully decorated and wired for the occasion and presented a most attractive appearance. Mr. J. B. Hughes, President of the Hospital Board, presided, and gave the opening address. Dr. T. H. Callahan addressed the Graduating Class, concluding his address with these words:

"You, as you enter the home of sickness, of death or of life, as it may be, carry with you opportunities, power and influence next to the spiritual adviser, yes, you may gain admission to heart and soul where he may not be able to.

"Or have you in your heart that which you may or might have opportunity to impart? Do you know the Lord, the Saviour of Mankind?

"Impart advice and wholesome instructions where you can, not fearing that you may be giving the laity too much knowledge, you will find them very appreciative. How good it is to lead a soul into the way of life and blessing.

"Be yourself an example of a good, strong, loving character, comfort the bed of languishing, cheer the broken hearted, support the weak, minister to the erring from your own true, strong character, and God will bless your noble self-sacrificing life."

Rev. Marcus Scott, D.D., administered the Florence Nightingale Pledge to the Graduates, after which they were presented with tastefully framed copies of the pledge.

Mr. Hughes presented the diplomas, and Mr. C. H. Mills, M.P.P., the medals.

Mrs. A. J. Gabel, President of Ladies' Hospital Auxiliary, made the presentation of the Superintendent's Gold Medal, which went to Miss Ballard, for general proficiency in theory and practical work, as well as conscientious discharge of duties throughout her three years' training.

The silver medal was presented to Miss Klippert for general proficiency in theory and practical work, as well as conscientious discharge

of duties throughout her three years' training. The presentations were made by Rev. Dr. Scott.

Miss Breakey and Miss Stewart were presented with prizes. Miss Jessie Bruce, President of the Young Women's Auxiliary, making the presentations. The results for the different prizes were all signed by the Training School Committee, who had examined them.

The Nurses in training presented the Class with a magnificent basket of flowers. There were also flowers from the Ladies' Auxiliary for the different Graduates, as well as those which the friends of the Class donated. Presentations of flowers were also made to the Superintendent and Assistant Superintendent by the Ladies' Auxiliary, Dr. Callahan, Dr. and Mrs. Honsberger and Mrs. Janzen.

Others who spoke briefly were Dr. Hett, Mr. C. H. Mills, M.P.P., Dr. Honsberger and Dr. Towers.

Refreshments were served by the Ladies' Auxiliary and the Young Women's Auxiliary. Excellent music was rendered during the evening by Starnman's Orchestra.

The Graduates are:—Misses Arminta Ballard, Laura Breakey, Christina C. Klippert and Emma C. Stewart.

The closing of the season has been a busy period for the Club, and the "first winter" will be one to which we can look back with much pleasure. The beautiful tea given by the Toronto General Hospital Alumnae Association was a fine opportunity for bringing together all the graduates. Miss Snively and Miss Stewart presided at the tables. Let us hope the tea will be an annual affair.

The anniversary of the opening of the Club was celebrated by a Musicale, when a large number availed themselves of the opportunity of hearing a delightful program. We were much indebted to the artists, Mrs. Woodland, Miss Dolan, Mr. Arthur Liethauzer, Mr. Talbot Short and Mr. Paul Hahn. Refreshments were afterwards served, the table being beautifully decorated with apple blossoms. Mr. and Mrs. J. Ross Robertson were among the guests, and it is both a pleasure and an inspiration to the members to see the interest and pleasure evinced in the Nurses' pleasure by this generous couple.

Teas in honor of Miss Killaly, H.S.C., Toronto, whose marriage has since taken place, were given by Miss Panton and Misses Potts and Kinder. The bride-elect was charming, and most gracefully received the good wishes showered upon her.

Many Nurses are taking advantage of the opportunity of the afternoon tea on Sunday.

Miss Kirke and Miss Pemberton, of Halifax, were guests at the Club during their stay in town for the T.U.A.O. meeting. Miss Phillips, of Montreal, was also a guest.

It was a great privilege for us to have Miss Crandell, of New York, at the Club during her stay in Toronto. Her personality was charming and we hope she may be with us again.

The Saskatchewan Graduate Nurses' Association held its last regular meeting for the season at the home of Mrs. E. J. Newton, Regina, on May 13th, when fifty members were present. Eight new members were added to the list.

A short address on the work being accomplished by the Department of School Nursing in Regina was given by Miss Jean E. Browne.

The meeting was also the occasion of a shower for Miss Goodhead, a pupil nurse of Regina General Hospital, who is obliged to discontinue her work for a time owing to ill-health.

After the regular business was concluded refreshments were served, Mrs. Newton being assisted by Mrs. Armstrong

The meeting was honored by the presence of Mrs. Brown, of Government House, who is the Patroness of the Association.

Miss H. O. Pagan, a nurse at Modderfontein, South Africa, is the winner of a competition set by the Rhodesian Eisteddfod for a South African National Anthem.

God bless and keep our land
When foes against us stand,
Do Thou with righteous hand
  Our strength maintain.
God bless each heart and home
In town and veldland lone,
And those in wilds unknown,
  Protect, sustain.
Lest we should tend in vain
Our herds, our flocks, and grain.
Send Thou in season rain
  With bounteous hand.
Bless with Thy love and fear
Statesmen and pioneer.
Draw Thou in mercy near
  Our chosen land.

There were competitors from South Africa, Great Britain, Australia and Canada.

The King held an investiture at Buckingham Palace recently, at which Miss Elizabeth Holley, who is a Nurse, and appeared in her professional costume, was decorated with the Albert medal of the second class, His Majesty, pinning on the medal and cordially shaking hands with her. On Nov. 22 last, Miss Holly was on the platform of Box sta-

tion with a patient, who was afflicted with suicidal mania, when, just as an approaching express train passed the signal box, the patient jumped on the line. Miss Holley at once jumped down and tried, unsuccessfully, to drag her out of the way, hardly getting clear herself as the train struck and killed the patient. Miss Holley was uninjured, but had a very narrow escape, the train actually tearing the cuff off her dress.

Sir John M. Gibson, Lieutenant-Governor of Ontario, officially opened the new wing of the Berlin and Waterloo Hospital on Saturday afternoon, April 5th, 1913. The attendance of residents of the vicinity was very large, and in his address Sir John Gibson complimented the board of the hospital on the excellence of the equipment. J. B. Hughes, president of the board of governors, presided, and addresses were delivered by prominent men of both Berlin and Waterloo.

The Washington State Association of Graduate Nurses and Hospital Superintendents' Society held their annual convention at Tacoma on June 12th and 13th, when there was a large attendance. Papers and discussions showed progress in all branches of nursing activities. The next meeting will be held in Spokane. The new officers are: President, Miss Lucy I. Pringle, R.N., Superintendent Minor Hospital, Seattle; secretary-treasurer, Miss Lillian Carter, R.N., Superintendent Orthopedic Hospital, Seattle.

St. Michael's Hospital was "en fete" on May 28th, when the largest graduating class in the history of the institution received diplomas and medals from the hands of His Grace Archbishop McNeil. Dr. Dwyer presided. A large gathering of the profession was present, also many friends of the graduates. The room in which the reception and presentations took place was prettily decorated with the school colors. Refreshments were served in one of the large rooms in the new wing.

The graduates were the Misses Marion Duck, Toronto; Elizabeth A. Moloney, Powassan; M. Aloysia Hurley, Marden; Francis W. MacMahon, San Jose, Cal.; Mary Pickett, Weston; Dora Aylward, Toronto; Amelia M. Venini, Oshawa; Anastatia O'Brien, Stratford; Josephine Rush, Toronto; Mary Bell, Blythe; Gertrude H. Burke, Kingston; Gertrude Gibson, Campbellford; Winnifred Rame, Toronto; Laura K. Macleod, Hamilton; Marie Ballantyne, Markham; Agatha M. Quinn, Barrie; Margaret E. Pickett, Owen Sound; Kathryn Ryan, Alliston; Anna Lajoi, Cobourg; Helen I. O'Boyle, Brechin; Mary C. McIlroy, Dorset; Gertrude Duffy, Toronto; Marie Clancy, Peterboro; Florence Conlin, Toronto; Margaret E. Sullivan, Toronto; Agatha Kelly, Toronto.

His Grace, after distributing the diplomas, said a word of encouragement, advised the nurses to practice their profession with dignity

and refinement and always to cultivate the quality of sympathy, which otherwise the routine of their work might obliterate. Drs. Silverthorne and Uren, Rev. Dr. Kidd, Rev. Father McGraw and Rev. Father Cline, and Mr. Matthew O'Connor added further commendation.

The Graduation Class attended the Royal Alexandra Theatre, followed by supper at McConkey's the same evening.

The Alumnae postponed the election of officers until the meeting in the fall, owing to the absence of our President and Vice-President, both being absent on account of illness. The meeting was held at the "Club."

The many friends of Miss Ida Coulson will regret to hear of her death. She recently underwent a serious operation, and was convalescing at the Rest-Home, Palmerston Boulevard, when the end came on June 3rd. The remains were taken to her home at Mount St. Louis. She was a graduate of the Class of 1900. The Alumnae had the Holy Sacrifice of the Mass offered for her at St. Michael's Hospital.

Miss Elizabeth Ross Green and Mrs. F. H. Schmidt were at Berlin, Ont., representing St. Michael's Hospital at the convention.

Victoria, B.C.—On Monday, May 5th, the regular monthly meeting of the Victoria Nurses' Club was held, Miss E. H. Jones, President, in the chair. After the routine business was disposed of, the report of our annual Easter dance was read. The dance was a social and financial success, the receipts amounting to over five hundred dollars, expenses about two hundred, leaving three hundred and thirty seven dollars to add to our funds. A lecture was given by Dr. Houghton on "Adenoids," which was most interesting and instructive. After a vote of thanks was tendered Dr. Houghton, all repaired to the tea room, where a social cup of tea was enjoyed, ere the meeting adjourned.

Miss Swan has been appointed the first school nurse for Victoria.

The many friends of Miss B. Keast will be pleased to know that she is recovering from a major operation, at the Seattle General Hospital.

Miss Kennedy and Miss Marshall have resigned from V.O.N., Victoria. Miss Kennedy is enjoying a well earned holiday. Miss Marshall became the bride of Mr. A. Gregg in April. Miss Folger and Miss Barker have been appointed to fill their positions.

The monthly meeting of the Victoria Nurses' Club was held on Monday afternoon, June 2nd, with a large attendance. After the routine business, an interesting lecture on "Bacteriology" was given by Dr. Bapty. Miss Morrison and Miss Williams are to represent the club at the annual meeting of the Graduate Nurses' Association of British Columbia, at Vancouver.

Miss Grace S. Smith is recovering from an operation for appendicitis, at the Provincial Royal Jubilee Hospital, Victoria, B.C.

Miss Clarke has gone for a six weeks' visit to some of the eastern cities.

The new Nurses' Home in connection with the Vernon Jubilee Hospital, Vernon, B.C., was opened on April 17th. A large number of citizens inspected this commodious, tastefully furnished home, so beautifully situated among the big pines. The sitting rooms are a delight, and each nurse has a separate room. The nurses are to be congratulated on their cosy, home-like quarters.

The new eighty bed wing of the Brantford General Hospital is well under way, and will be completed in the early autumn.

The present building will be remodeled for private wards, children's wards, and a large maternity ward with all modern appliances.

Instead of the present bell system in the wards, the new flash signal system for calling nurses will be installed.

When completed there will be accommodation for one hundred and fifty patients.

The regular monthly meeting of The Toronto Central Registry, was held in the Registry office, 295 Sherbourne St., Monday, May 5, at 3 p.m. Miss C. A. Mitchell, Convener, occupied the chair, and eight members were present.

Registrar's Report showed:—Total number of calls for April, 322; Registry extension cases, 2; visiting cases, 2; fees received in April, $130; received from sale of charts, $5.40; disbursements, $256.65. Eleven nurses joined the Registry in April; six applications were considered by the Committee, four of which were accepted.

The regular monthly meeting was postponed until Friday, July 11th, on account of the Convener and several members of the Committee being out of town. Total calls for June were 380. Total balance in bank, $1,431.33. Eleven Nurses joined Registry in June. Six applications were considered, three of which were accepted.

The Board of the King George Hospital, Winnipeg, are building a beautiful Nurses' Residence.

The Edmonton Graduate Nurses' Association meets the third Wednesday in each month. After the business is transacted this month the members will enjoy a social cup of tea. There are 110 members.

Miss Wyatt has been called to Vermillion professionally.

Miss Covey, of Toronto, reached Edmonton safely, and is assisting Miss Deacon, V. O. Nurse on the district.

Miss Spears, who has had charge of the South Edmonton district

work, has resigned, and will take up private work in the city, Miss Andrews succeeding her.

Miss M. Black, of Vancouver, B.C., is here spending the summer with her sister, Mrs. McDonald.

"Acting upon their own initiative, and entirely at their own expense, members of the State Nurses' Association of Missouri have made a social survey, extending over many months, of the conditions of prisons, almhouses, and other institutions conducted by the State. In the pamphlets now published with the aid of the association's funds the antiquated and dehumanising systems prevailing in these institutions have been set forth in a most startling manner. Also, in order to awaken the citizens to a proper sense of responsibility for this state of affairs, the nurses are sending round lecturers to hold public meetings in various towns and cities in the State, who give graphic and eye-opening descriptions of the way the institutions are managed by State officials."

Victoria Hospital, Fredericton, N.B., is to have a new wing that will cost about $15,000. Plans are under consideration.

The Johns Hopkins Hospital, Baltimore, Md., has engaged Miss Julia Dahlquist, of Minneapolis, and Mr. Franz W. Ruthenberg, of Buffalo, N.Y., both Graduates in the Swedish System of Massage, Gymnastics, Electro- and Hydro-Therapy, from the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Phila., to give the mechanical treatments in the newly opened Phipps psychiatric clinic, and to instruct the nurses in training in the branches mentioned.

Miss Kathleen McGarry, Graduate of the Reynolds Memorial Hospital, Glendale, W. Va., and of Dr. Venning's Sanitarium, Charleston, W. Va., and a recent Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Phila., has been placed in charge of the mechanical department of the Fairbury Hospital, Fairbury, Ill.

Mr. Edward W. Marion, Jr., a recent Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therap, Inc., Phila., has been engaged for the mechanical department of the General Hospital of Lancaster, Pa.

Mr. Peter C. Fitzpatrick, of Phila., a Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green St., Philadelphia, has been placed in charge of the Hydriatic Department of the Jewish Hospital, Phila.

Miss Anne Lynch, Oakland, N.J., a Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Phila., has been engaged for treatment of patients in the mechanical department of Galen Hall, Atlantic City, N.J.

Miss Etta B. Propst, Corliss, W. Va., Graduate of the Baltimore

City Hospital, and of the McKendree Hospital, also a Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Phila., has been placed in charge of the mechanical department of the Barber Sanatorium and Hospital, Charleston, W. Va.

Miss Marie B. Culver, of Philadelphia, Pa., has been placed in charge of the Hydriatic department of the Jefferson Hospital, Phila. Miss Culver is a Graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Phila., Class of 1913.

The Norwegian Lutheran Deaconess Home and Hospital, Chicago, Ill., has sent Sister Ragna Nord to take the full course of the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy at the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Phila., preparatory to instructing the nurses in training, and operating the mechanical department at that hospital.

The following graduates of the Pennsylvania Orthopaedic Institute and School of Mechan-Therapy, Inc., Phila, in the Swedish System of Massage, Gymnastics, Electro- and Hydro-therapy, have been placed in charge of mechanical departments at hospitals and sanitoria.

Miss Louise K. Harris of Phila, Pa., as official masseuse of the Norfolk & Western Railway Co., with headquarters at Roanoke, Va.

Miss Lula Fields of Jacksonville, Ill., at the State Hospital in Kankakee, Ill.

Miss Lillian M. Smith of Sieklerville, N.J., at the Bloomingdale Hospital, White Plains, N.Y.

Miss Florence V. Dunnick, of Harrisburg, Pa., at the State Hospital, Harrisburg, Pa.

Miss Marry H. Hamer of Zanesville, Ohio, at the Colfax Rest Home, Colfax, Iowa.

Miss Ann Lynch of Oakland, N. J., at the Bushill Sanatorium, Philadelphia, Pa.

Mrs. E. R. Hatfield, a graduate of the Highsmith Training School, Fayetteville, N. C., also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Phila, in the Swedish System of Massage, Gymnasties, Electro- and Hydro-therapy, has purchased the Central Carolina Hospital. The same is at the present time being equipped for modern Physiological Therapeuties.

Tyra Gowenius, Graduate of Dr. Arvedon's Gymnastic Institute, and of Kjelberg Massage Institute, Stockholm, has been added to the list of instructors for Medical and Corrective Gymnasties at the Pennsylvania Orthopaedic Institute and School of Mechano-Theropy, Inc., Phila. Miss Gowenius also pursued studies in Pedagogics at the Royal Central Gymnastic Institute, Stockholm, and is in charge of the Orthopaedic Clinic of the Widener Memorial Home, Philadelphia.

MILITIA ORDERS

No. 346—Prohibition of the Use of the Red Cross.

Public notice is hereby given that on and after the first day of May last, the Geneva Convention Act, 1911, passed by the Imperial Parliament, came into force in Canada, and that under this Act, it is not lawful for any person to use for the purpose of trade or business, or for any other purposes whatsoever, without the authority of the Militia Council of Canada, the heraldic emblem of the Red Cross on a white ground formed by reversing the Federal Colors of Switzerland, or the words "Red Cross" or "Geneva Cross," and that under the said Act any person contravening the above provisions is liable to a fine and forfeiture of any goods upon or in connection with which the emblem words are used.

Dated at Ottawa, this 23rd day of June, 1913.

MARRIAGES.

Macdonell—Kimmett—At St. Catharines, Ont., on June 25, 1913, Rose Mary Kimmett, Graduate of St. Michael's Hospital, Class '03, Toronto, to Mr. John Miles Macdonell, of Toronto.

Rowntree—Mellish—On July 16th, at Christ's Church, Deer Park, Toronto, by Rev. T. W. Patterson, Miss Mary Mellish, Graduate of Toronto Western Hospital, to Mr. George E. Rowntree.

BIRTHS

Brigger—On April 16th, 1913, at Queen Alexandra Wing, Hamilton City Hospital, to Mr. and Mrs. C. H. Brigger, a son. Mrs. Brigger (nee Edith Glass) is a Graduate of H. C. H. Class '08.

McGuire—On May 31st, 1913, to Mr. and Mrs. W. H. McGuire, Hawthorne Ave., Toronto, a daughter. Mrs. McGuire (nee Miss MacNevin) is a Graduate of St. Michael's Hospital, Class '04.

Law—On April 15th, 1913, at Ottawa, to Mr. and Mrs. R. Law, a son. Mrs. Law is a Graduate of the O. G. Hospital.

DEATHS

Honey—Miss Helene Honey, Graduate of Grace Hospital, Toronto, Class '10, died suddenly after a very short illness, on May 24th, 1913.

Coulson—Miss Ida Coulson, June 3rd, 1913, Graduate of St. Michael's Hospital, Class 1900.

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See "British Medical Journal," Sept. 16th, 1911.

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The Canadian National Association of Trained Nurses. — President, Miss Mackenzie, Ottawa; Secretary, Mrs. Fournier, Gravenhurst, Ont.

The Canadian Hospital Association — President, Miss Morton, Collingwood; Secretary, Dr. Dobbie, Supt. Tuberculosis Hospital, Weston.

The Canadian Nurses' Association, Montreal—President, Miss Phillips; Cor. Secretary, Miss Fortescue, 319 The Lindsay Bldg., St. Catherine St.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Miss Bella Crosby; Rec. Sec., Miss I. F. Pringle, 188 Avenue Rd., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—Presidnt, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association. — President, Miss McPhedran, General Hospital; Secretary, Miss E. C. Templeton, 511 2nd St. W.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. R. W. R. Armstrong.

The Ottawa Graduate Nurses' Association. — President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd; Sec., Miss North Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss Armstrong; Cor. Sec., Miss Kropf, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Sec., Miss E. F. Bell, 274 Charlton Ave. W.

The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. W. J. Crothers; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Miss Cotter, Winnipeg; Secretary, Miss B. M. Andrews, 375 Langside St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Mrs. Feeny; Cor. Sec., Mrs. N. Aubin, 78 Queen's Park.

The Toronto Grace Hospital Alumnae Association. — President, Miss L. Smith; Secretary, Miss I. Sloane, 154 Beverley St.

The Toronto Graduate Nurses' Club.—President, Miss Brent, Hospital for Sick Children.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss C. Cameron, 207 St. Clarens Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association. — President, Miss Mathieson; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Connor; Secretary, Miss O'Meara, 596 Sherbourne St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. Valentine; Cor. Sec., Mrs. MacConnell, 125 Major St.

The Winnipeg General Hospital Alumnae Association. — President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss Hall; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouer General Hospital Alumnae Association.—President, Miss J. G. Hart; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro. — President, Miss Dixon; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association. — President, Miss L. L. Rogers, R.N.; Secretary, Miss E. M. Macallum, 169 Carlton St., Toronto.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, OCTOBER, 1913. No. 10

REPORT OF PUBLICATIONS COMMITTEE.*

Madam President and Ladies:

At the second annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in Ottawa, October 8th and 9th, 1908, Miss Snively, who was its first President, with her usual acumen, was mainly responsible for the inception of the Canadian National Association of Trained Nurses.

In 1899, there was formed in London, England, at the instigation of Ethel Gordon Fenwick, the International Council of Nurses (see American Journal of Nursing, Aug. 1901). This Association, originally composed of the councils of Great Britain, Germany and the United States, now includes Holland, Belgium, Finland, Norway, Sweden, Denmark, Switzerland, Italy, Canada, Australia, New Zealand, India, Cuba and Japan

Through her membership in the American Society of Superintendents of Training Schools, Miss Snively was chosen as the first honorary treasurer of the International, which office she held five years, when she was elected its vice-president.

In the United States, in 1904, the two representative nursing organizations, viz., the American Society of Superintendents of Training Schools for Nurses and the Associated Alumnae of the United States, formed themselves into the Federation of American Nurses. The united executives of these societies elected officials, and in this way gained for American nurses admission into the International Council of Nurses. It was on similar lines that Miss Snively planned the same benefits for Canadian nurses.

Previous to the meeting in 1908 at Ottawa, letters had been sent to all known nursing organizations in Canada, inviting them to affiliate with the Canadian Society of Superintendents of Training Schools for Nurses, with a view to discussing whether it were advisable and possible for Canada to unite with the International Council of Nurses that year—1908. Many societies were represented by delegation, and it was decided to form a temporary committee to be called "The Provisional Committee of the Canadian National Association of Trained

*Read at Third Annual Meeting of the Canadian National Association of Trained Nurses, Berlin, Ont., May, 1913.

Nurses. This committee was formed of delegates from fifteen societies who, with other individual members, signified their desire to form a Canadian National Council. A short provisional constitution was submitted and accepted (see report second annual convention, Canadian Society of Superintendents of Training Schools, page 4).

The following year (1909), the Association was affiliated with the International and sent delegations to London. A full account of the proceedings was published in "The Canadian Nurse," September and October, 1909, which also contains a notable portrait of the Canadians at Frogmore where they placed a wreath upon the tomb of the late Queen Victoria, (page 643). In 1912, representatives attended the meeting of the International Council at Cologne. (Report to be given at this meeting.) The next International Congress is to be held in San Francisco in 1915. So much for foreign policy.

The meetings of the Canadian National have been reported in "The Canadian Nurse," making it superfluous to describe them here, except to say that at the inaugural meeting in 1908 it was decided to meet every three years. The first meeting took place in 1911 at Niagara Falls, Ont. When the constitution was adopted and when it was decided to hold meetings yearly until things should be fully in working order. (See "The Canadian Nurse," August, 1911). A meeting was held during 1912 in Toronto. ("The Canadian Nurse, May 1912.) This meeting in Berlin is the third regular meeting.

The home policy of the Association is the union or affiliation of all Canadian nursing organizations, so that every nurse may have a voice in nursing education and interests, and incidentally in the betterment of nursing conditions throughout the Dominion.

So far, the Association comprises twenty-six affiliated societies, of which a full list is appended.

Owing to the sparse population and the scattered and remote districts in the Dominion, our nurses are peculiarly isolated as compared with that of other countries. This fact has been a deterrent in many matters of reform and progress.

The only means by which this Association can effectively work is through a national journal of nursing, owned and managed by nurses. It should guide and inform those who need guidance and information, and it should voice the opinion of nurses all over the Dominion and stimulate them to express their ideas so that the East and the West may better understand one another and that present isolated conditions may be overcome.

It is the opinion of the Publication's Committee that the best and most effectual way to attain a national journal is for each and every society and indicidual nurse to make a specinl and particular effort to support "The Canadian Nurse," to subscribe to it collectively

and individually, to send articles and notices and to endeavor to make it, not the local organ of the east, but the voice of the Dominion, as it is intended to be. Let each province hold itself responsible for definite contribution to the magazine. Such general effort and responsibility would not only make "The Canadian Nurse" the factor it should be in the Dominion of Canada, but would also enable the National Association to fulfil its avowed home policy.

(Signed) M. L. Lyman,
Convener.

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THE VALUE OF NURSING ORGANIZATION TO THE PRIVATE NURSE

By Mrs. A. H. Paffard, Toronto

Madam President and Ladies:

Through your courtesy I have been asked to contribute a paper on "The Value of Nursing Organizations to the Private Nurse," and your invitation kindly concluded with the libel that "your experience in private nursing was so great that you are best fitted to contribute this paper." Now, in mere justice to the subject and to the many graduate nurses who have done much longer service in private practice than the speaker, let me say that neither my few years of private nursing nor the subsequent interest that I have taken in nursing organizations have qualified me to handle this subject in a way which its importance deserves. When I look back—and the years cannot be counted on the fingers of both hands—to the period of my private nursing, I am still further convinced that your Executive have made an unwise selection in the contributor of this paper, because they have asked one to give an opinion on a subject of which, unfortunately, she did not have the advantage of a personal experience. In my day, or rather days and nights of private nursing, organizations of nurses in Canada were only in their incipiency, and my own Alumnae Association was barely out of its leading strings. Therefore you must permit me to treat this subject largely from the observations that my subsequent connection and close touch with nurses' organizations and many individual nurses will enable me to make.

I was about to say that the value of nursing organizations to the private nurse must be so palpable that it would be almost superfluous to attempt to discuss it. On the other hand it immediately comes to mind that this value must be either debatable or not thoroughly understood and appreciated, otherwise our present organizations would receive much better support from the great body of graduate nurses in private practice. I cannot admit that it is debatable, on the contrary I look upon it as an educational question—and in this respect our Superintendents of Training Schools can do much to influence the young graduate to affiliate herself with her own Alumae and her provincial association. Speaking as a past officer of my own Alumae and in my connection with the Graduate Nurses' Association of Ontario, I can assure you that the education of the graduate to the importance of supporting nurses' organizations must be imparted prior to or immediately after graduation, otherwise she soon drifts apart and is extremely difficult to reach and to interest.

Before preparing my paper I was fortunate enough to receive

*Read at Third Annual Meeting of the Canadian National Association of Trained Nurses Berlin, Ont., May, 1913.

the April number of "The Canadian Nurse," and its editorial on "Amalgamation"—which I trust you have all read—sets forth much more effectively than I can the proper relation and reciprocal advantages to the nurse, her Alumae Association, her Provincial Association and the National Association.

The function of an Alumae Association is more particularly to keep its members in close professional and social touch with one another, to maintain an "esprit de corps"—which latter means so much to those in training and the welfare of the school—to promote lectures for the benfit of older graduates on advanced methods in medicine and surgery, to interest members in social service and kindred work, to assist in the establishing and the proper conducting of registries, the protection of its members against imposition, both pro-

Berlin and Waterloo Hospital, Berlin, Ont.

fessional and financial, and by frequent contact, social and otherwise, exercise a healthy broadening influence on the individual nurse, which after all is one of the best guarantees of the maintenance of professional standing. I think that it cannot but be admitted that these features are of inestimable value to the nurse in private practice.

And let us not overlook the obligations resting upon the Alumnae Association to enjoin its members to give their support to their Provincial Association, through which can only come, under present political conditions that legal recognition and protection of nursing as a profession, for which we have been striving and will continue to strive.

While I do not believe in a multiplicity of organizations, and am sometimes forced to the opinion that women are perhaps prone to divide their effective strength through this mistake, yet there cannot

be any doubt that our Alumnae Associations, the Graduate Nurses' Association of Ontario and our Canadian National Association each has its proper functions and each, by proper co-operation, can assist in the betterment, not only of the profession as such, but of the individual nurse and the conditions under which she works. And right here let me inject—does the individual nurse realize that? If she did thoroughly I venture to say that our attendance here to-day would be many times larger than it is. A full realization of the benefits accruing would develop, not merely a passive membership, but a strong, vigorous, active support. Gratifying as our progress has been through the untiring efforts of a few, we need especially a better distribution of this enthusiasm and a larger interest from the many. As I have already intimated, the entire movement is an educational matter.

Having dealt with Alumnae Associations permit me to briefly point out the work being undertaken by the Graduate Nurses' Association of Ontario—work that in my opinion is of vital interest and value to the welfare of the private nurse. I need hardly refer to our efforts, only temporarily suspended, to secure legislation that would directly protect the private nurse from imposters and would equally protect the public, and would bring about an elevated and uniform standard of training. A legal recognition of nursing as a profession would unquestionably secure to us, in a measure at least, some of the protection enjoyed by the medical profession, the public would be protected from the "quacks" of both professions.

For some time past the Executive of the Graduate Nurses' Association of Ontario has had under serious consideration and are taking steps to combat the growing evil in Canada of short term and correspondence schools. These schools are becoming rather aggressive, and their advertising propaganda is deceiving many otherwise desirable probationers into taking up their so-called course of training. To one who knows—as you all do—what qualifications are essential and how only those qualifications can be obtained by a really "trained nurse," the thing would be positively ridiculous were it not for the serious dangers accruing to both the profession and the public, especially to the latter. These are matters that can only be dealt with by a large organization with provincial scope and influence, and I would plead for the support of every graduate nurse, whether a member of her Alumnae or not, by affiliating herself with the Graduate Nurses' Association of Ontario, through which organization can only be effected those measures of protection that I have briefly outlined.

Progressing then to the broader field we have your organization: the Canadian National Association, which I observe from Article I, clause 2, of your Constitution is almost international in character.

The objects of your Association as set forth are in many respects parallel with those of our Provincial and several Alumnae Associations, and this very unity of purpose augurs well for the ultimate success of the movement. Unquestionably your Association can do a great deal to elevate and unify the standard of training in Canada and bring it to the highest point of efficiency in all respects—if we have not quite attained that desirable position.

In conclusion I would appeal to the individual nurse, isolated though she may be, absorbed in the exactions of her daily task, out of touch with her sisters in the profession, to you, Nurse, I would say, lend us a hand and let us lend you a hand, for in union only is strength, and we each need the other's help.

To the nurse, perhaps more fortunately situated by closer touch with her fellow-graduates, with a better vision of the problems that confront the profession and how these may be solved, I urge her added responsibility of bringing her isolated sister within the membership of her provincial Association.

To the Superintendents of Training Schools, I particularly plead for the education of undergraduates to the importance of their joining and actively supporting both their Alumnae and their Provincial Associations.

To you, Madam President, and your Executive, I feel that I need hardly bespeak for our Alumae and Provincial Associations the hearty support and co-operation of the Canadian National Association, which I can assure you will find reciprocal response in the great common cause for which we are all working.

TUBERCULOSIS IN CHILDREN.

We here reproduce from *The British Journal of Nursing* a very interesting and instructive paper on this important subject by Dr. A. Knyvett Gordon:—

"I have chosen the subject of tuberculosis as it affects children for two reasons: firstly, because it is not very easy for a nurse to get a clear idea of the subject from the average text-book of medicine, where she will probably have to wade through a large quantity of facts and figures only to find, after all, that they relate mainly to pulmonary consumption in adults—a very different thing.

Then I know of no disease which so well illustrates the way in which the body reacts to an attack made on it by micro-organisms, and I always think that if a nurse has in her head a clear idea of the nature of the fight which is constantly going on between ourselves and these our invisible enemies, she is much less likely to think of the care of her patients as drudgery—everything, incidentally, which we do not under-

stand, but yet have to do, must be either drudgery or a meaningless ritual.

So I am going to begin with the tubercle bacillus itself, and then show how it affects the children who are exposed to its attacks. As usual, I shall leave out very much in order that the main outlines of the picture may be clear.

The tubercle bacillus is an organism that has a great power of living under adverse circumstances; in particular, it may lie in a dried-up state for a long time, but so soon as it reaches a supply of moisture and food, it emerges from its inactivity and grows with vigour in its new surroundings. It is also rather hard to kill, a fairly prolonged contact with quite strong solutions of disinfectants being required for this purpose. Some of the so-called antiseptics it has no objection to whatever, as it will even grow after it has been treated with a solution of them. Though this is rather a digression, I may say that it is very much to be wished that some law could be passed making it illegal to publish false descriptions of disinfectants. Many poor people spend shillings which they can ill spare on preparations which merely smell, and which do not give the much-advertised protection from disease which causes them to have so ready a sale; they may subsequently pay the penalty for their quite excusable faith in the loss of one of their children from the ravages of an organism which has been liberally attacked according to the directions on the bottle.

Now the tubercle bacillus attacks cattle as well as human beings, so that the two main sources of bacilli which can infect children are dust containing dried-up bacilli from the expectoration of persons whose lungs are affected by the disease, and milk from infected cows. These latter often suffer from tuberculosis of the udder, even though they appear to be pretty well in themselves, and take their food well. Many cow keepers therefore do not know when they have such animals in their possession, and, as the reports of inspections of farms show, some do not mind mixing milk from cows that they know to be thus diseased with the common stock. It was formerly believed, on the dictum of a celebrated bacteriologist, that bacilli from cows could not give rise to tuberculosis in human beings, but this assertion has now been shown to be erroneous—in fact, the possibility of bovine infection has been proved up to the hilt by the deaths of thousands of small children—a veritable massacre of the innocents.

Tuberculous milk, however, is not the chief source of infection in children, though it is, or should be, the most easily preventable. In a large series of fatal cases it was found that the organism had entered by the lungs in 63.8 per cent., by the ear in 6 per cent., and by the intestine in 29 per cent. In rather less than one-third, therefore, was the

milk to blame, and infected dust must be held responsible for the remaining two-thirds—it is probable that the ultimate source of this in almost every case is the dried-up expectoration from adults with phthisis, or "consumption," as it is popularly callde. Hence the "prevention of spitting" notices in public places.

As regards the frequency of the disease, statistics of post-mortem examinations show that about one-third of the children who die in hospitals do so on account of tuberculosis in one form or other, and in a further 12 per cent. signs of tubercle are found, though this has not been the actual cause of death. This is rather an appalling state of things when we consider that the sources of infection are known and preventable.

Now in childhood the tubercle bacillus attacks the blood-forming organs. We know from the researches of physiologists that the red corpuscles of the blood are manufactured in the red marrow of the bones, and the white cells in the lymphatic glands which are situated all over the body. Now we have seen that in the majority of cases the bacilli are inhaled in infected dust. In healthy children the glands which serve the bronchi, or tubes down which the dust is drawn in the process of inspiration, are able to deal with the bacilli and destroy them; each gland contains a large number of white blood corpuscles which are the policemen of the body in the sense that they arrest and withdraw from the community such criminals as micro-organisms. Consequently nothing more is heard of the tubercle bacilli in the case of the thousands of healthy children who are daily inhaling tubercle germs.

But let us suppose that these glands are not very healthy themselves. Instead of the white cells destroying the bacilli, these latter destroy the corpuscles, and the germs are thus able to enter the general blood stream, whence they are carried, amongst other places, to the bones and joints, or it may be to almost all the internal organs simultaneously, when we get the disease known as general (or miliary) tuberculosis. The commonest cause of this weakening of the bronchial glands is a previous attack of bronchitis from measles or whooping cough. Similarly, when infected milk is swallowed, the mesenteric glands which serve the intestine should stop the invaders; but if they do not they become filled with bacilli themselves, and so these organisms are enabled to reach any part of the body through the blood stream. Perhaps the commonest cause of weak intestinal glands is digestive trouble (diarrhœa and so on) from improper feeding of the child on "what we has ourselves."

Whether the bacillus enters in dust through the lungs or ear, or in infected milk through the intestine, there is a great tendency for the disease to spread through the various organs of the body, and this is much more likely to happen in children than in adults, and, strange

though it may seem, there are often very few symptoms, even when the general invasion is extensive, and the reason is that the child, as a rule, dies before the little patches of tubercle grems have had time to break down into abscesses, when they would give rise to discoverable signs. Consequently we have to rely on certain general, and often rather indefinite, symptoms, and the diagnosis is often very difficult; indeed, I have seen, post-mortem, all the internal organs of the body riddled with little patches of tubercle in a case where most careful clinical examination failed to discover any definite sign of that disease, though its existence was, of course, suspected. And it must be remembered that children, as a rule, do not expectorate, so we cannot examine their sputum under the microscope for the presence of tubercle bacilli, as we can in adults. The first of these general signs is irregular pyrexia, without anything to account for the rise of temperature. When this is combined with wasting we should always suspect the existence of disseminated—that is, spreading—tuberculosis. Or we may not get even a rise of temperature at the commencement of the illness, but only apparent illness, or fretfulness without any discoverable sign of gross disease on careful and exhaustive clinical examination.

Recently, however, some help has been obtained from the discovery of the fact that if we scratch the skin of a child, and then rub in some dead tubercle bacilli or else put a few of these into the eye, nothing happens if the child be not tuberculous; but if he is, inflammation will appear round the site of the scratches, or a slight redness of the conjunctiva if the eye has been selected, and we are often able by this means to detect tubercle in quite an early stage, when it may be sometimes possible to cure the patient.

Another valuable sign is the investigation of what is known as the opsonic index for tubercle. In this process a little blood is taken from the finger and mixed with some dead tubercle germs in a small tube, which is then placed in an incubator for twenty-four hours. A drop of the mixture is then examined under the microscope, and the number of the patient's white cells which have tubercle bacilli inside them—showing that the corpuscles have made an attempt to swallow the bacilli—is compared with the result of a similar drop from a mixture of bacilli and the blood of a healthy person. If the patient's corpuscles have fewer bacilli inside them than those from the healthy person, it shows that he is in all probability tuberculous.

But we have seen that the glands at the root of the lung—the bronchial glands— and in the abdomen—the mesenteric glands—are very likely to be attacked, so we have to see if we can recognize the presence of tubercle in these.

In the case of the bronchial glands we can suspect disease when the

child has a frequent spasmodic cough, and, as a matter of fact, when a child has an attack of whooping cough which does not clear up, we should always suspect that tuberculosis of the bronchial glands may have supervened. There are other signs also which are rather too intricate to be described here, but in practice we do not often succeed in detecting this trouble until one of the glands has broken down into an abscess which has burst into the lung and has given rise to tubercular inflammation there also.

In the case of the abdomen the outlook is not so hopeless, because the signs are easier to detect, and, moreover, abdominal tuberculosis is much more easily curable in children than tubercle of the lung.

In practice we detect tuberculosis of the abdominal glands by the spreading that almost always takes place into the surrounding peritoneum, which becomes hard and matted together in masses, or there may be free fluid in the abdominal cavity; both the lumps and the fluid can be easily felt when the abdomen is handled. The condition is known as tubercular peritonitis, or, as it used to be called, "tabes mesenterica," and is a very common form of tubercular disease in children.

We have also seen that in some cases the germs enter through the middle ear. Probably the immediate source of this is settling of infected dust in the external ear passage, but if the ear itself be intact, it is very doubtful whether much harm is done as a rule. But the case is different when the dust finds a hole in the drumhead leading into an ear which is the subject of chronic discharge, generally from a previous attack of scarlet fever or measles. Then the tubercle bacillus finds soil in which it can grow and multiply, and sooner or later the trouble spreads from the ear into the closely adjoining covering of the brain, and we have inflammation of the meninges—tubercular meningitis—or disease of the brain itself—tubercular tumour or cerebral abscess.

It is not always, however, in this way that the brain or its membranes become infected. They may be attacked by germs from a tubercular bronchial gland, or from enlarged tonsils or adenoids, or the bacilli may reach the brain through the nose. In any case, unless the surgeon can successfully intervene before the organisms reach the inside of the skull, death almost always results.

But tubercle need not necessarily be a "medical" disease. We may have the various forms of so-called "surgical" tuberculosis, and this simply means that tubercle has attacked either lymphatic glands or bones in regions that are within the reach of the surgeon. One very common form of this is the enlargement of the glands of the neck; if these are not dealt with in the early stage they may break down into abscesses which discharge through the skin, leaving a track or sinus leading from the skin to the gland, which is perpetually discharging,

healing up, and discharging again, until the system becomes infected, and we then get either general tuberculosis or involvement of the lungs, abdomen, or brain as before.

Or some bone may be attacked. Here, though we may get almost any bone affected, two forms are most common, namely, disease of the hip-joint and of the spine, and it is these two between them that are responsible for the pathetic procession of crippled children who pass from one general hospital to another, having often to be discharged before they are cured, owing to lack of room, until they ultimately reach a workhouse infirmary, unless, indeed, they are fortunate enough to secure scientific treatment in pure air in such an institution as the Treloar Home.

I do not now propose to describe these two diseases in detail, but I may mention that hip disease shows itself first in pain (which is often agonizing) in the hip and knee, the nin fixation of the joint in such a position as to cause a limp, and, finally, in the breaking down of the inflamed bone into an abscess which discharges through one or more channels in the skin round the joint—a perpetually running sore.

In disease of the spine we get at first pain in various regions, according to the situation of the disease, and then an abscess which discharges in the groin—psoas abscess—and if death does not—shall we say fortunately?—previously ensue, the deformity that we know as hunchback.

Before going on to the treatment of tuberculosis in children, which will form the subject of the next paper, I may sum up the course of the disease. The germ gets in generally through infected dust or through infected milk. It reaches the bronchial glands, and goes on to kill the patient by infection of the lungs or brain, or the abdominal glands, proceeding thence to attack the peritoneum and intestine; or it attacks the ear and thence the brain or its membranes; or it seizes on external glands, or on bones with the resulting crippling deformities. But by whatever path it enters, unless its progress can be arrested, the end is ultimately death from generalized tuberculosis. Considering the life that a tubercular child in poor environment has to lead, we may perhaps be pardoned if we sometimes think that the sooner this comes the better."

WORK IN A MINING CAMP.*

By Beatrice Dougherty.

I have the honour of being requested by your Association to write a paper on our work in a mining camp, so I shall endeavour to tell you briefly what I found to be everyday life.

To begin with we will try to locate our camp, perhaps making it slightly more interesting.

As everyone is undoubtedly familiar with our Canadian prairies, we will board the Crow's Nest train at Medicine Hat, just the gateway from the fertile rolling prairies to the majestic Rockies and the home of the celebrated Alberta wheat and vast cattle ranges. We go through a flat country, broken in places by gulches, for somewhere in the neighbourhood of one hundred and ten miles. Then we reach Lethbridge, Alberta's most prosperous mining town. The output of the mines find a ready market in Montana and British Columbia principally. After leaving Lethbridge we pass through rolling plains for a distance of almost thirty miles, then we come to McLeod, where mixed farming is a most profitable industry within a radius of forty miles, climatic conditions being most favourable for such. Now we really leave the home of the cattle kind and cowboys and enter the gorgeous Rockies. The Rockies are parallel for a short distance, affording magnificent views of their marvellous proportions.

Victoria Peak, height 9,860 feet, and Castle Mount, are prominent in the distance; to the south—by the way, we are travelling west—Turtle Mount is seen in front of us, shaping itself into a huge tortoise, silhouetted against the sky.

There is indeed a glorious panorama spread before us behind vast plains which stretch away till earth and sky become one; in front the serrated Rockies standing forth in all their sublimity and grandeur piercing the very clouds.

It might be of interest to add that it was a part of Turtle Mt. which buried the town of Frank in April of 1903, and the mountain is now deemed dangerous, according to the decision made by a party commissioned by the Government to make investigations. At this town a peak looms to a very great height, its base forming one of the walls of the gap in the Crow's Nest Pass, and here a last view of the grand old "Crow" is obtained before leaving the Pass. Some few miles west we reach the summit and the historical Crow's Nest Lake, where Ralph Conner lays the plot of one of his many beautiful and interesting stories.

The remains of the original camp are still to be seen. This lake is credited with being the birthplace of the zephyrs that blow across the

*Read before the Women's Local Council, Winnipeg.

plains, and it is known that on occasions when the western part of the lake is calm and still, white caps predominate on the eastern. The source of this lake is the outflow of a subterranean stream, which flows from the "Cave," an outlet in the side of Mount Sentinel.

Now we are in our camp, which enjoys an ideal climate and an altitude of five thousand feet above sea level. To the east we have Turtle Mountain; north, the "Crow"; south, the Livingstones. There is a beautiful old legend about the "Crow," but I must not take time to tell you now.

Large and small hospitals are scattered throughout the Province and are indispensable, but from financial obstacles they lack modern equipment. Efficiency can only be attained by increasing expenditure. Hospitals are ot dividend-paying concerns, and this, combined with lack of information concerning the great need for such, has much to do with failure to attain public support. It certainly presents a splendid opportunity for philanthropic work. As in any camp, our work is purely emergency. The miners' local Union, to the best of its ability, has built and equipped a very nice little cottage hospital for the injured, which could, if necessary, accommodate fifteen patients.

We have the usual drawbacks to contend with in any Western Canada hospital, the cause already stated. As a rule homes are small and when possible the patient is sent to the hospital. In one small public ward medical and surgical cases lie side by side with infectious ones, conditions regarded with awe by some of our co-workers accustomed to other methods before coming to the wild West.

When this hospital was opened some six or seven years ago the town was in its infancy; conditions were such that a fully qualified nurse was not available and the necessity of one was not realized. As time went on the mines enlarged, more men were employed, and consequently a greater percentage of accidents. The company realized the necessity of a modern surgeon with modern methods. When he arrived, conditions were appalling. As I had received training in the same hospital, he wrote asking me to go out and help him. I went and found four patients, all badly in need of care. Empty beds were converted into general "catch alls" and seating accommodation for visitors; rubber sheeting was unknown; grey blankets and sheets were in use and far from being sanitary. Night gowns were replaced by discarded night shirts and underwear. Patients existed as in cells, because they knew of no other treatment. Towels and blankets were unhemmed and amazingly few in number. Pillows and mattresses were so stained we had to discard them entirely, as we could have them replaced. Baths were an unknown luxury; one patient left after first bath, because he never was bathed before, or as he said, "He never was treated so before."

Kitchen utensils were used alike for cooking and dressings. An operating room was unknown, bath rooms serving for minor surgery, and nature did the rest.

The wards were at the best nothing better than a very poor boarding house; we had four walls and nothing else pertaining to an hospital. Well, I did not have time for a good, old-fashioned cry, just where to start I did not know. By a previous statement you know there were four patients; one left first day for reasons stated; he had a fractured humerus done up in a loose gauze bandage. No. 2 was a convalescing pleuro-pneumonia, who was in a corner, covered with filthy bed clothes, I cannot say linen; windows were nailed down to prevent a draught. No. 3, a typhoid running a temperature of 106, his fifth day after admission, and still dressed in his woolen underwear—a Russian unable to speak one word of English, and delirious. To prevent him from contracting cold he was covered with a double pair of grey blankets, and it was a sultry Indian summer day the first week in October. No. 4 had a fractured jaw, in his seventh week after admission, reeking with pus, coal dust, various foreign materials and creatures were still lodged in his hair, ears and underwear, all combined with clots of coagulated blood, from date of accident.

I moved the pneumonia patient to a room where plenty of oxygen was obtainable. Took sapolio, turpentine and a brush and made the typhoid as comfortable as conditions would permit. With the kindly assistance of our Surgeon Chief, the head of our fractured jaw case was shaved. Baths were given on the installment plan for obvious reasons. The hospital was full of patients inside one week.

With this additional work improvements were made as time would permit. First we had a proper housecleaning period, ex-patient's clothes were collected in heaps on the gravel floor of a woodshed, the odour of rank machine oil and mould was not at all appreciated. By degrees we got some of the much needed linen, and, to save expense, I hemmed it myself as I found time for so doing. Then I tried to fit up a little operating room. In one month's time we had sufficient utensils, towels, sheets, gowns, caps, masks, sponges, dressings, etc., to do our first major operation—a gastroenterostmy, canastomosis and appendectory on one patient—and a comfortably furnished private room to put him in. To our extreme delight the incision healed by first intention and our patient went home on the tenth day.

With the kindly assistance of a friend and the use of her sewing machine, many an evening we have made supplies till midnight and then I did most of my sterilizing, because at that time the range was not in use. I improvised a sterilizer, by using an ordinary steamer over a pot of boiling water, and dried articles sterilized in the oven. Eventu-

ally we got an Arnold Sterilizer. We had a cabinet similar to a chiffonier and about four feet in height made by the village cabinet maker and fitted with various sized drawers for surgical supplies. As this gave us a flat top, we had two twenty gallon copper boilers fitted with taps made by the tinsmith and converted into hot and cold water sterilizers and set on the top of the surgical supply cabinet. A small kidney-shaped table was also added, which we used for instruments during an operation. I bought white enamel paint and practised in our operating room, and now I'm a painter.

Our doctor bought glass shelves and fitted up an instrument cabinet out of top of a home-made cupboard. Fortunately we had the town light and water works. As we went along we added the necessary requisites, endeavouring to equalize our monthly expenditures. I had considerable difficulty in convincing the Hospital Board—composed of miners and labourers—that the increased expenditure was absolutely necessary in order to obtain good results. During the year I was there we had sixty major operations, and never a single pus case developed from a clean one. Of course it meant never-ending precaution, work, and constant fumigating. When I went there one graduate nurse was considered an unnecessary luxury. I was there on approbation for a year. When the agreement was drawn up between the local Union and their doctor, after the prolonged strike, a by-law in the new constitution demanded two graduate nurses and one orderly on the staff permanently.

A new forty-bed hospital is now under discussion, which, if it materializes, will in all probability be a municipal one, open for donations, private subscriptions and assistance from benevolent societies. The chief requisites are linen of every description, and reading material, which is graciously received by every class. Such employment does away with unnecessary chatter in a public ward and is pleasant as well as a profitable pastime.

I found that Benefit Societies, in connection with the churches, had as much as they could manage when providing for children in their respective congregations. Of course I was there during a prolonged strike, an exceptionally trying time for all.

Now, my talk has been much longer than I anticipated, and I humbly apologize; my only plea being that there seems to be so very many things to tell in connection with our work, so much to be done, and so few to do it. Not because those closely connected are unwilling to assist, but for want of knowledge to do the right thing at the right time, in the right way.

The camps are composed largely of the foreign element, and so many factions, and hospital work unknown to all of them. The most difficult task is to show them something "big" and quick for their

money. If this is achieved their co-operation is freely given, and, what is better still, their financial support. But first and foremost they must be educated to the fact that these requirements are a necessity.

The work is extremely interesting and presents a very large field for philanthropic work, and in the very near future I hope to be with them again. The work was so strenuous I found it necessary to make a change for a time.

Trusting this may offer you a few suggestions from which you may receive some knowledge to aid in your noble and far-reaching work.

MURPHY'S METHOD OF ADMINISTERING SALINE SOLUTION PER RECTUM.

The necessity of supplying a liberal amount of fluid as a post-operative treatment, particularly for septic cases and as a restorative in cases of collapse from loss of blood or other causes, has long been recognized by physicians.

In the majority of such cases the fluid must be administered by bowel, and the skill of the nurse in administering it is an all-important factor in the results obtained.

In a lecture on this subject delivered to the nurses of the North Friary Nursing Home of Plymouth, and printed in the *Nursing Times*, Dr. C. Hamilton Whiteford says that in health, of food taken by mouth, very little of the watery part is absorbed until the food reaches the large intestine. In other words, man eats with his small intestine, but drinks with his large bowel. Saline solution, run slowly into the rectum, is carried back into the colon, from which it is absorbed. The large intestine will not absorb more than the patient requires, and thus makes it impossible for the patient to take up more fluid than is good for him.

It is these facts which enabled Dr. John B. Murphy, of Chicago, to work out his system of administering large quantities of saline solution per rectum, a method of treatment which has saved many lives during recent years.

It is at least six years since Murphy worked out his method, but it is the exception to meet with a nurse who can give saline solution in such a way that it will be absorbed in large quantities; and it is quite common to meet with medical men whose knowledge of Murphy's method is either non-existent or so faulty as to be useless. Murphy himself says: "We have visited hospitals numbers of times, and have been shown patients who were receiving the 'Murphy treatment.' We should not have recognized it without the label."

The essential principle in administering the saline solution is described by Murphy thus: "The flow must be controlled by gravity alone, and never by a forceps or constriction on the tube, so that when the

patient endeavours to void flatus or strain, the fluid can rapidly flow back into the can, otherwise it will be discharged into the bed. It is this ease of flow to and from the bowel that insures against over-distension and expulsion on to the linen." He also says: "When the nurse complains that the solution is not being retained, it is certain it is not being properly given."

The surgeon being unable to attend hour after hour to supervise personally the giving of the saline solution, the fate of the patient, and possibly the reputation of the surgeon, are, for the time being, absolutely in the hands of the nurse. There have been many attempts to modify Murphy's method, those alone are successful which include the principle of free communication between the reservoir and rectum, the rate of flow being regulated solely by the height of the reservoir above the end of the rectal tube.

Saline Solution.—Strength, 1½ drachms of sodium chloride (common salt) to each pint of warm water. The temperature of the solution in the reservoir is 105 degrees F., taken by thermometer, never guessed at. The temperature of the solution when it reaches the rectum after slowly running through the rubber tubing will be about 100 degrees F.

Apparatus.—The simplest form consists of a douche can with five feet of rubber tubing, stout walled to prevent kinking, and of a diameter (inside measurement) of three-eighths inch, ending in a metal or rubber nozzle, in the end of which are several openings.

Reservoir.—Of this there are several forms.

1. The ordinary douche can, which is wrapped in several layers of flannel to retain the heat.

2. Moynihan's glass bottle, which has a wide bottom, and from which the solution runs by syphonage. This bottle is placed in a bowl of warm water, the bowl resting on a stand above a spirit lamp to prevent undue cooling.

3. A rubber bag, covered with blanket, in the same manner as the douche can.

4. A can which is kept warm by electricity (Paterson's). Dr. Ellbrecht uses, in addition to the reservoir, a small metal cylinder warmed by either a spirit lamp or by electricity. The solution flows from the reservoir through this warm cylinder before it passes on towards the rectum.

5. A Thermos flask, either inverted or discharging by syphonage. The reservoir is either (1) hung on a rail of the bed, or (2) on a special stand which can be either raised or lowered.

Rectal Tube.—(*a*) Of flexible metal; (*b*) of stout rubber; (*c*) a self-retaining bulb, made of vulcanite, shaped like an acorn, with a central lumen from which projects the end of a small œsophageal tube.

Both (*a*) and (*b*) end in a bulb. A jaques or self-retaining No. 12 rubber catheter is best. The metal tube must be bent three inches from its bulb, to nearly a right angle, to prevent the point from causing pain by pressing against the posterior wall of the rectum. The rubber nozzle and catheter being flexible, adapt themselves to the shape of the rectum, the pressure of their ends being slight. The rubber nozzles are preferable to the metal tube, because they cause less discomfort. The patient's discomfort is minimized if the rectal tube is inserted before he comes out of the anæsthetic.

Position of the Patient.—The patient is usually in the "Fowler position," i.e., semi-erect, the back against a bed-rest. He is prevented from sliding down in the bed by a firm pillow under the thighs. This pillow is two feet in length and one foot in width. Many pillows are made too wide. The border of the part nearest the buttocks has a semi-circle cut out of it to allow access to the rectum. It is covered with mackintosh, between which and the patient's skin is placed a towel. Straps pass from each end of the pillow to the head of the bed, the straps being attached to the bed-rails on a level with the shoulders. The patient is thus supported as on the seat of a swing, but the seat (i.e., the pillow) rests not against the buttocks, but against the thighs in front of the buttocks. The soles of the feet are supported on an ordinary pillow. The double inclined plane, made of wood, which is sometimes used to prevent the patient from slipping down in bed, is most uncomfortable, and does not allow access to the rectum.

Administration.—The reservoir, filled with 1½ pints of warm solution, is fixed at such a height that the surface of the solution is six inches above the level of the patient's anus. The nozzle is held at the level which it will occupy when inserted in the rectum, and the saline allowed to flow until it runs out of the nozzle. If the saline spurts out, instead of just dribbling, the reservoir is too high, and must be lowered until the saline just dribbles out. The rubber tubing lies on the sheet which covers the mattress, passing under the patient's thigh, and must not be compressed or kinked. The rubber tubing, where it passes from the reservoir to the bed, must not dip below the top of the mattress.

The rubber tubing is compressed between the finger and thumb, while the nozzle is being inserted into the rectum for a distance of three inches. The nozzle is retained in position by being fixed to the thigh with strapping, and by a large pad of absorbent cotton wool, which is packed against the anus. This pad of wool also helps to save the linen, if any of the saline should escape through the anus. If the reservoir is not graduated, a mark—a piece of strapping will do—is placed on

the reservoir to indicate the upper surface of the solution at the commencement of the administration.

As the solution gradually flows out, reservoir must be fixed one to two inches higher than it was at the commencement. If the solution runs out of the anus or the patient complains of feeling blown out or of wanting to empty the rectum, the reservoir is too high, and must be lowered one to two inches.

This regulation of the rate of flow is the difficult part of the administration, and can only be accomplished by practice. Beginners nearly always commence by running the solution too fast. One and one-half pints of solution should be ru nin during the first hour. During the second hour the bowel is rested, nothing being run in. In the third hour one and one-half pints are given, and the bowel rested during the fourth hour, and so on. In children one-half to one pint in the hour will suffice. The absorbent powers of patients vary greatly, some will absorb as much as two pints in the hour, but in adults nothing less than one pint in the hour (i.e., at the rate of twelve pints in the twenty-four hours) should be considered satisfactory.

During the hour when the solution is entering the rectum the flow will not be continuous, but will stop for intervals of some minutes and then start again. If the patient strains, some of the solution, often coloured by fæces, will be passed back into the reservoir, into which flatus will also bubble. The discoloured solution should only be replaced by fresh solution if grossly contaminated. The nozzle is not interfered with during the hour when the solution is not running, but is left in the rectum.

When commencing the second, third, etc., 1½ pints, it may be advisable to steady the nozzle with one hand, and with the other hand to compress the tubing where it joins the nozzle, and milk the tubing towards the reservoir, in order to displace any air which may be in the tubing, and which may interfere with the flow of the solution. After emergency operations, when the patient has not been prepared by preliminary emptying of the lower bowel, if the rectum is found loaded, an ordinary wash-out enema should be given before commencing the administration of saline. It is in these patients who have not been prepared for operation that the perforations in the nozzle become blocked by fæces. If there is any doubt as to the potency of the nozzles, it should be removed, irrigated through, and reinserted. The nozzle must also be removed prior to defæcation.

Remember that absorption of large quantities of saline solution causes a copious excretion of urine, necessitating emptying of the bladder, either naturally or by catheter, every three or four hours.—*Pacific Coast Journal of Nursing.*

GLEANINGS.

THE DIETETIC AND GENERAL MANAGEMENT OF TYPHOID FEVER IN CHILDREN:—Dr. Charles Gilmore Kerley said that there was both a science and an art in the feeding of children, whether well or ill. The child required food of definite nutritional value in an assimilable form; this was the science of feeding. It required variety and that the food selected to be agreeable to the senses of the patient; this was the art of feeding. There was no ready-made diet in any illness in a child any more than there is a ready-made diet for the artificial feeding of infants with digestive derangements. At the onset of every illness milk should be discontinued as well as all solid foods, for the reason that in every illness the child's capacity for food was lessened. It was Dr. Kerley's custom to give a laxative sufficient to produce several watery movements. The child was put on a temporary diet consisting of gruels flavoured and perhaps one of the dried milk products, until the nature of the illness was determined. In typhoid fever the diagnosis was rarely made under a week of observation, and when it was definitely settled, the intestines under this regime were free from distension with gas and undigested milk and the patient was less toxic and had a lower temperature than would have been the case had a freer feeding been permitted. It was a mistake to think that the diet they began with must be continued throughout the attack. Food would be tolerated during the latter part of the illness that could not have been taken earlier. Feedings were never given oftener than at three-hour intervals. A diet schedule for a patient five years of age would be something as follows:—

6 a.m.—Eight ounces of gruel with sugar in small amount or broth added. Zwieback or dried bread and butter.

8 a.m.—A drink of weak tea with sugar or whites of one or two eggs with sugar in orange juice.

10 a.m.—Farina, cream of wheat, rice, served with butter, and sugar or maple syrup and butter. Drink of weak tea or kumyss or matzoon, or a little dried milk food, such as malted milk or Nestle's food.

2 p.m.—Eight ounces kumyss matzoon, or skimmed milk diluted with gruel. Zwieback or dried bread and butter.

4 p.m.—Orange egg sherbet or a drink of lemonade or tea and sugar.

6 p.m.—Cereal or gruel with sugar and butter or with broth. If skimmed milk was not given at 2 o'clock it might be given with gruel at this time.

10 p.m.—Gruel with sugar or broth or with wine.

This would easily satisfy the caloric requirements of a child of five years, though the diet was not an evenly balanced one, being high in carbohydrates and low in proteids. Fat in considerable quantities was poorly digested by young typhoid fever patients. Proteid in consider-

able quantities should not be given until something was known of the course of the disease. Milk, scraped rare beef and soft boiled eggs were not well borne in young typhoid fever patients. Carbohydrates were readily cared for when properly prepared and administered. Dr. Kerley did not advocate a milk diet in typhoid fever. The mixed feeding was not employed more generally for the reason that physicians failed to realize that other food stuffs might be taken care of easier than milk, and because of the fear of lay criticism for departing from an established custom. His favourable experience in intestinal disease with a diet other than milk, together with the teaching of Dr. A. Seibert, led him to use similar diet in typhoid fever patients. His observation had been that milk-fed cases suffered from more severe illness, increasing the danger to live; that the duration of the illness was longer; that emaciation was much greater, and that convalescence was more protracted than cases fed as had been outlined. He had learned that in order to have a short, mild case the abdomen must be kept flat; tympanities was an indication of danger, no matter how produced. On the mixed diet suggested it occurred only exceptionally. Drugs were of no service except to produce an evacuation of the bowels when there were not two movements in twenty-four hours, or to check evacuations when there were more than four in that time. He did not attempt to reduce temperature unless it rose above 104 degrees F. In such instances the cold pack to the thorax and abdomen was employed. The cold pack applied to the head usually would relieve restlessness, irritability and sleeplessness. This method of treatment had the advantage of a milder course, shorter duration, more prompt convalescence, and usually absence of complications.—*The Canada Lancet.*

The *Dietetic and Hygienic Gazette* says: "For thirst in surgical operations it will be well to remember Semmola's glycerine drink, which is often exceedingly grateful. It is one ounce glycerine and thirty grains citric acid to a pint of water."

INFANT FEEDING:—*The Canada Lancet* gives the following on "Modified Cow's Milk as a Substitute Food in Infant Feeding":—

"The subject of modified milk as a substitute food for infant feeding has been studied from many points of view, but two facts are being recognized, more and more, as of prime importance, first, that cow's milk is the most practicable substitute food for infants, and second, that it is just as important that the physical characteristics of cow's milk be modified, as to the proportions of its food elements.

It is along these lines that First Lieut. W. E. Fitch, of the Medical Reserve Corps, United States Army, has written a most practical paper upon the subject of "Modified Cow's Milk as a Substitute Food in Infant Feeding," published in *Pediatrics* (October, 1912). He studies the comparative chemical composition of healthy woman's milk and

cow's milk, the general availability of cow's milk as a substitute food, the physicial and chemical differences between cow's milk and woman's milk, and the modification of cow's milk with cereal decoctions.

He emphasizes the necessity of using pure cow's milk, not milk that has been pasteurized or sterilized, but fresh, wholesome milk from a healthy herd. We all recognize the fact that the milk offered for sale in the large cities is not as pure as it should be, but under the active work of the Boards of Health and the medical profession, it is rapidly improving in quality. When procurable, certified milk should always be used.

Dr. Fitch points out the fact that the modification of cow's milk with a cereal is a mechanical one, due to the gelatinized starch, which changes the hard curdling cow's milk into a soft curdling milk like human milk. The casein of cow's milk clots in hard, lumpy masses in the infant stomach, the digestive enzymes cannot get at it, and any means whereby we can break up the clot and make it more flocculent will increase the digestibility of the milk; and this can be done by the use of a properly prepared cereal decoction.

Not only do cereals modify the casein of cow's milk, but they, also, through their gelatinized starch, facilitate the digestion of fats, by emulsifying the fats after proteid digestion in the stomach. This is important because, as Holt shows, the tendency to-day is to give a large percentage of fat, and the fats of cow's milk are more difficult to digest than the fats of human milk. With many infants it is often necessary to begin with an amount less than two per cent. of fat, and rarely is it necessary to exceed four per cent. There are numerous healthy infants who cannot even digest four per cent. of fat at any time, and many during the hot weather do better on a reduction to 3 or 3.5 per cent.

Theoretically, the child under six months, because of the deficiency of salivary and pancreatic secretions, is said to be incapable of digesting starches. Practically, this is not true. Nearly every fluid in the human economy has a diastatic ferment and as a matter of fact the very young infant does digest starch. We have seen, too, many babies successfully fed on arrow root to deny this fact. The author quotes Finkelstein, in Berlin, whose experience and general sound judgment are respected by the leading pediatricians of the world, who is emphatic that very young children are capable of digesting starches, and quotes favourable published opinions of Jacobi, Epstein, Schmid, Minard, Keller, Newman, Heubner and others, while our own Kerley has conclusively shown by his experiments at the New York Infant Asylum, that 'There is no age limit for cooked starch feeding.'

The addition of cereals to cow's milk is not only allowable, but is to be most warmly recommended, not only in older, but also in very young infants. The advantages of cereal modification, in addition to

the readier digestion and gain in weight, are to be found in the finer subdivision of the casein in the stomach, in the emulsification of the fat, in the disappearance of soapy and dyspeptic stools, in the proteid-sparing power afforded by the cereals, and, finally, in the general increment of growth.

This is the experience of the leading pediatrists of the world. Not every infant, by any means, can take cow's milk, or ass's milk, or goat's milk; but starch foods may be added with benefit to cow's milk in the majority of cases, is established beyond all question, experimentally, chemically and clinically.

Dr. Fitch then considers the practical details of cereal modification, and gives formulas for milk mixtures, based on years of successful use. He gives, also, clinical reports upon a number of cases had with these formulas.

The article is an exceedingly clear and practical consideration of the much-befuddled question of the modification of cow's milk for infant use; and best of all, it contains usable information."

How to Give a Fomentation:—Doubtless every physician knows how to apply a fomentation, yet the following suggestions may be of interest to someone (*Jour. Bact.*): A flannel cloth may be folded, wrung out of hot water and applied directly to the skin; nevertheless, it is much better, after wringing out the flannel as dry as desired, to fold it in a dry flannel cloth of one or two thicknesses before applying it to the patient. A little time is required for the heat of the fomentation to penetrate the dry flannel, and thus the skin is allowed an opportunity to acquire tolerance for the heat, and a greater degree of temperature can be borne than if the moist cloth is brought directly in contact with the surface. The outer fold of dry flannel will also serve to keep the cloth warm by preventing evaporation. A fomentation is sometimes needed when no hot water is at hand. It is not necessary to wait for water to be heated in the usual way. Soak the flannel in cold water, wring as dry as desired, fold in a newspaper, and lay upon the stove or wrap it about the stovepipe. In a few minutes it will be as warm as the patient can bear. The paper keeps the pipe from becoming moistened by the wet flannel, and at the same time prevents the flannel from being soiled by contact with the pipe. Fomentations, thoroughly applied, will relieve most of the local pains for which liniments, lotions and poultices are generally applied, and are greatly to be preferred to these remedies, since they are cleaner and aid nature more effectually in restoring the injured parts to a sound condition.—*Dietetic and Hygienic Gazette.*

For patients who are not allowed meat broths and who may have a distaste for milk, I find the following soup very good: Cut up a potato in small pieces, and with a little bit of onion, pepper and salt, boil in a

small quantity of water until the potato is quite soft. Add one cup of milk and a small bit of butter; bring to the boil, and put through a sieve. Serve with toast.

No substance is equal in power to glycerine in disguising nauseous medicines. Castor oil, turpentine, solutions of iron and various other medicines can be diluted and at the same time almost completely disguised by glycerine. The secret of taking unpleasant medicines without tasting them lies almost entirely in removing all traces of the drug from the mouth before drawing a breath after swallowing it. For cleansing the mouth after castor oil or other oils, probably nothing is better than chewing up and spitting out a liberal quantity of bread. Do not, however, as one nurse did, bring the bread to the patient spread with butter.

A UNIQUE ENTERPRISE.

The Pacific Coast Journal of Nursing gives an interesting account of what was certainly a unique enterprise, but one that was without doubt successful, and evidently filled a need before unrealized. The enterprize—the Home Bureau Medical House—was founded and managed by Mrs. W. H. Willard, its President, with what success the following story will tell:—

"In one back room twenty years ago in the City of New York was 'born an idea,' a diet kitchen for the manufacturing of scientifically prepared foods for the sick. A maid, the only employee, who was generally cook and bottle washer, prepared six quarts of broth for the customers who were expected on the opening day. But, alas! no one came, and the following day was spent in waiting for the arrival of the long-wished-for buyer. On the third day one customer came and it was an exciting moment when he bought and paid for a quart of chicken broth; and thus the enterprise was launched.

In those early days it could not be foreseen that from this small beginning so large an enterprise would develop as that of the Home Bureau-Medical House. The success of this novel undertaking has been due to its unique business methods and its policy of giving the public what it wanted and when it wanted it. For twenty years the doors of this establishment have always been open and many lives have been saved because proper nourishment and supplies could be obtained night or day, Sundays and holidays. When other establishments in the early hours of the morning closed their doors, so that even ice and milk could not be obtained in the great City of New York, the Home Bureau supplied these products, and its grateful patrons have published, far and near, the wonderful efficacy of a system which was always ready to meet the needs of the sick. Soon after "the start," trained nurses who came to purchase

foods for their patients often inquired if the Home Bureau knew of any sick persons who might need their service, and customers asked about nurses, so the Registry Department was started with one nurse, but it was not long before two houses in the neighbourhood of the office were rented to accommodate the members. The work grew rapidly, and the Home Bureau-Medical House has now the largest registry in the world, and is recognized as the national headquarters for nurses desiring hospital and private work. The methods employed to develop this department were the same as those used for the diet-kitchen department, every effort being made for doctors and patrons to secure the services of a nurse when she was needed. Telephones in those early days were unknown, and messengers at all hours of the night went hurrying about from one house to another, until a nurse was found who could respond to the call. Following fast upon the development of the Registry Department, the Invalid Supply and Surgical Departments were added, and an extra floor was rented to provide space for this new work.

One day a doctor entered the office and asked if he could rent a stretcher. He stated that he must have one at once to move a patient. The hospitals could not accommodate him, and he hoped the Home Bureau would help him out. A stretcher was bought and rented, and that was the beginning of the department for invalid furniture.

Finally the business outgrew its original quarters and moved to its present address, 52 West 39th Street, but this building is also becoming congested and crowded, as, with the rapid growth of the enterprise, it has been necessary to add several other departments. There are apartments for convalescent patients, infants' and children's departments, a hygiene and disinfecting department, and a department devoted to the moving of patients from hospitals to home or from the city to the country. "Not what we have, but what you want," is the motto of the Home Bureau-Medical House, and as it is called upon to take up new work, still other departments will be added.

Visitors are always welcome, and they are shown through every department of this interesting enterprise, from the dainty kitchen spotlessly clean to the surgical room, perfectly equipped with sterilizers and with the machinery for manufacturing maternity outfits and dressings.

The nurses' reading-room and the system for registering the hundreds of nurses who apply for membership, and the methods of sending them to cases and hospital positions throughout the country, come in for a large share of attention. The rest-cure apartments, furnished in old mahogany and with the accessories which make rooms home-like and cosy, can also be visited. The time spent in seeing the Home Bureau and its several departments is considered worth while by the hundreds of visitors who come from every part of the country to inspect its facilities for supplying all necessities for the sick-room and hospital."

Editorial

THE DUTY OF AFFILIATION

Appended to the report of the Publications' Committee of the Canadian National Association of Trained Nurses, published in this issue, is a list of the affiliated associations at the time of the annual meeting of 1913. There were then added the Nova Scotia Graduate Nurses' Association and the Saskatchewan Graduate Nurses' Association, thus making twenty-eight associations in the membership list of the national organization.

It will be admitted at once that this is not as it should be. Every Association in Canada should see that its name is entered on the roll of the National Association.

The objects of the National Association are:

1. To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada;

2. To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education and promote a high standard of professional honor among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality.

Every Association will, without doubt, put the stamp of its approval on these objects. Then why not go a step further and help in attaining them.

This has not been done by some, perhaps through lack of thought or because the matter has not been brought to their attention. Do not longer delay seeking the affiliation of your Association with the National. Mutual help, greater strength and efficiency and a broader outlook for both will result.

A RAY OF LIGHT

The eight hour day for pupil nurses has been advocated by many supintendents of nurses, approved by more, and instituted by a few. So often hospital authorities have blocked the reform by that ever ready excuse—lack of funds and the necessary accommodation.

That the overstrain resulting from the long hours of toil has spelled broken health for some and deterred others from entering a training school never seemed to be considered.

But a light is dawning for the pupil nurse. Not much longer

will hospitals exploit her health and energy that their work may be done at a minimum of cost. In California the law has stepped in and laid its regulating hand on her hour of duty, and nurses everywhere will watch with peculiar interest the working out of this law.

The Pacific Coast Journal of Nursing says: "This radical change in the working schedule for pupil nurses will, without doubt, test the generalship of the superintendents in every hospital in the state. A number of these superintendents, however, possess generalship. It rests with the superintendents to shine in generalship and demonstrate that this full one day rest in seven on an eight hour day can be worked out to the advantage and satisfaction of patient, hospital board and pupil."

Would it not have been evidence of even greater generalship if these superintendents had brought about this reform without the "must" of the law.

A CAMPAIGN AGAINST VENEREAL DISEASE IN CANADA.

The Canadian Journal of Medicine and Surgery, speaking editorially on this subject is of the opinion that a campaign against venereal disease, if carried on with the same vigor and intelligence that characterizes the campaign against tuberculosis, would speedily result in a wonderful improvement in the public health, "for these two general infections dominate the field of pathology."

We glean these facts about what Australia is doing along these lines:

In 1908 the Australian Medical Congress passed this resolution: "That syphilis is responsible for an enormous amount of danger to mankind, and that preventive and remedial measures directed against it are worthy of the utmost consideration."

This aroused public interest and a deputation of clergy waited upon the Premier of Victoria and asked that some action be taken. The Government consulted its Medical Officer, Dr. Barnett Ham, who advised a comprehensive inquiry into the extent of the prevelance of syphilis. The result of this enquiry, which was systematic and thorough, was the formation of a "permanent advisory committee of medical men and women, by the Victorian Government, under the presidency of Dr. Ham, which at once made it known that, whilst the members would informally support any moral campaign, its business in a corporate capacity was to teach the people how to prevent infection and to render those infected no longer dangerous to others. This was to be done by open educational means. Newspapers were to publish official and unexpurgated accounts of the steps taken, to

call these diseases by their proper names, and to abandon the ostrich-like attitude generally adopted in regard to them. This request was agreed to, and such reports have since been regularly published."

"The Victorian Government then decided to equip and maintain at its own expense, a ward at the Alfred Hospital and one at the Women's Hospital, at Melbourne, for the treatment of persons of any class, except prostitutes, for whom other arrangements exist, and the profession was asked to send such cases for indoor treatment. The Government has further arranged with the University of Melbourne for the free application of the Wassermann test to 2,000 hospital cases a year and to all other cases, at a low rate of payment. Lastly, it is proposed to introduce legislation, providing that a person sentenced to a term of imprisonment, for any cause, can, if found suffering from a contagious veneral disease, be detained until he can be released without risk. Founded on an investigation as to the extent of the distribution of venereal diseases in Melbourne, followed up, when this had been ascertained, by a combined attack on medical lines, the campaign against venereal diseases in Melbourne promises well. In the work of education and repression the clergy have been of great service."

Vigorous, sustained effort of this sort will do much towards eliminating this scourge, especially when the education of our boys and girls in sex hygiene assists by doing away with the ignorance which has so often been the cause of their undoing.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p,m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The following extract from an address to the Guilds of St. Alban's, Holborn, by the Ven. Archdeacon Holmes, on St. Alban's Day, copied from "Misericordia," may be of interest, and is certainly applicable to others besides members of the above mentioned guilds:

"I think sometimes that the sin of grumbling because we cannot see what we are doing for others is rather under-rated. If it is true that upon the well-doing of each depends the well-being of all, every one of us has got a vocation; every one of us is doing something for somebody else. That, I suppose, is why you belong to a guild. It is not only that you may get something from, but that you may contribute something to, the corporate life of this or that guild, of which you are members. To deliberately, and unnecessarily, miss going to a guild meeting, or saying the guild prayer; to miss giving a helping hand to another member of the guild who is in need—all means you are spoiling the perfect life and work of your guild, and endangering its perfection..... There then is the sentence we are going to take away as our motto for another year:—

"Upon the well-doing of each depends the well-being of all."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Ave., Toronto; First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford ; Second Vice-President, Miss G. A. Read, 156 John St., London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby St., Toronto. Directors: Mrs. W. G. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Pafford, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The announcement, by Sir James Whitney in his speech at the opening of the new Toronto General Hospital, that a Royal Commission would be appointed by the Provincial Government to enquire into the whole system of medical education in Ontario, was an important one in that nursing and the schools for training nurses are included.

This investigation should bring forward much information and be a means of education to many.

Will it really help us in securing legislation that will give us uniform standards and really define "trained nurse?" The nurses of Ontario may do much to bring about this desirable result.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.
Vice-President—Miss Dressel, 58 Charlton Ave. East.
Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.
Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.
Treasurer—Mrs. Reynolds, 143 James St. South.
"The Canadian Nurse" Representative—Misss Bessie Sadler, 100 Grant Avenue.

Miss Elizabeth Giffin, Class '03, has been appointed night Supervisor of Grant Memorial Hospital, Columbus, Ohio.

Miss Dunlop, Class '06, has returned to the city after accompanying her patient on a three months' tour in Europe.

Miss Wright, Class '08, had to give up her professional work in the city and remain at her home in Conestogo, Ont., owing to her father's illness.

Most of the nurses who have been enjoying their well-earned holiday have returned and are very busy again.

Uttermach-Roberts—In New York, on July 19th, Captain Fritz Emmerich Uttermach, to Miss Francis Ada Roberts, Class 1898. Miss Roberts, who is a sister of Dr. Roberts, Medical Health Officer of Hamilton, has for the past five or six years held a position with the Department of Health in New York City.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Mrs. Burch, our Registrar, visited Toronto during the Exhibition.

The Nurses' Directory has been published and will prove a help to many, especially those living outside the city.

Miss Colley has returned, after an absence in England, of fifteen months.

Miss Hill has returned to town.

The annual meeting will be held on Tuesday, October 7th, for the hearing of reports and election of officers for ensuing year.

A fine thought or beautiful image, once stored in the mind, even if at first it is received indifferently and with little understanding, is bound to recur again and again, and its companionship will leave a sure if unconscious influence.—*Una.*

Do not look on your work as a dull duty. If you choose you can make it interesting. Throw your heart into it . . . even if at first you find this impossible, if for a time it seems mere drudgery, this may be just what you require; it may be good, like mountain air, to brace up your character.—*Lord Avebury.*

Miss Stoer is in charge of the country district at Gaspe, Quebec.

A milk station was opened at Halifax, July first, with Miss Murison in charge.

The Ottawa district has been very busy during the summer.

A resident nurse, Miss Bottlelet, has been placed in the Eastview district.

Miss Griffiths is the V.O nurse in Cobalt.

A very well-attended meeting was held in Uno Park, when a committee was appointed to organize a country district nurse association for Uno Park and the surrounding villages.

The very handsome hospital which is being built in Coppercliff to replace the one which was destroyed by fire over a year ago, is nearing completion.

Chapleau, Ontario, and Tofield, Alberta, are to build hospitals in connection with the Victorian Order.

The Innisfail, Alberta, committee are planning to build a nursing home in connection with their country district.

Miss Kervin has been appointed Matron of the Lady Minto Hospital, at Islay, Alberta, and Miss Higgins Matron of the Victorian Hospital, Swan River, Manitoba.

Miss Hewetson has received the appointment of Matron of the Victorian Hospital, at Kaslo, B.C. Miss Hewetson succeeds Miss Alexander, who has filled the position very creditably for some seven years.

The new Lady Minto Hospital at Ashcroft, B.C., was formally opened, August 8th. Miss Crompton is in charge, assisted by Miss M. H. Pepper.

Miss Moreau has been appointed Head Nurse of the Victoria district.

Miss MacMann is in charge of the newly opened district at Steveston, B.C.

Miss Winter is the nurse on the Saskatoon district, and Miss Le Moine, on the North Bay district.

Miss Covey is on the Edmonton district.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset street, Ottawa, or to one of the District Superintendents at 206 Spadina avenue, Toronto, Ont.; 46 Bishop street, Montreal, Que.; or 1300 Venables street, Vancouver, B.C.

HOSPITALS AND NURSES.

We regret the error in the June issue regarding the appointment of Mrs. Mathieson. She is in charge of the Diamond Jubilee Hospital, at Fort Steele, B.C.; not the Fernie Hospital.

Miss Grace Hastie, who preceded Mrs. Mathieson in Fort Steele, is now doing private nursing.

We are grateful to our correspondent for correcting us.

Mrs. Feeny, of the School Staff, Toronto, had a delightful holiday across the Atlantic.

Miss Edith Weller, R.N., of Tacoma, Wash., has just returned from a very pleasant vacation trip to Alaska.

Miss Morton and Miss Carr, of Collingwood, have returned from their trip to Boston, where they attended the meeting of the American Hospital Association. On their way home they visited New York and Providence.

Miss Browne, Class 1911, has moved to Stayner, where she will take up private nursing.

The twenty-third graduating exercises of the Grace Hospital Training School for Nurses were held the evening of May 29th, in the Metropolitan Assembly Rooms, 249 College street, Colonel Arthur Peuchen, a member of the board of convenors, occupying the chair. The proceedings were opened by the Rev. T. Crawford Brown who offered the invocation.

The address to the Graduating Class was given by Dr. N. A. Powell, whose words of counsel and advice will long be remembered by all nurses present, both graduates and pupils.

The Florence Nightingale oath was administered to the Graduating Nurses by Miss Rowan, after which Mrs. Peuchen presented the

diplomas. Mrs. Currie, a former superintendent, presented the school pins, and spoke a few appropriate words to the Graduates.

The Vander Smissen medal, given by Prof. and Mrs. Vander Smissen, and open to members of the Graduating Class, was presented to Miss Edith O. Holland by Dr. J. L. Forester. Mrs. R. B. Hamilton presented her prize for neatness to Miss Jessie Murray. The Medical Superintendent's prize for proficiency in bandaging in the second year was awarded to Miss Ellen Davidge. The Dietitian's prize for proficiency in the diet kitchen during the past year was presented to Miss Florence Sinclair. The Principal's prize for general proficiency, open to pupils in the first year, was awarded to Miss Evelyn McKay.

The young women who received their diplomas were:—Winnifred Jessie Stagg, Jessie Broadfoot Murray, Elsie Patton, Jean Muir Tod, Sadie Emma Might, Bessie Leoline Fisher, Mildred Dewey Manhard, Una Alexandria McRoberts, Ethel May Sharp, Harriet Annie Hay, Margaret Wilson, Edith Octavia Holland, Helen Lauder Fowlds, Ella Gardiner Upper.

The Graduating Class assisted by Dr. Beatty and Miss Rowan, held a reception and received the congratulations of their many friends, after which an informal dance was held.

The crimson roses carried by the Nurses were presented by the members of the medical and surgical staff.

Two members of the Registered Nurses' Society of London, England, recently returned home after four and a half months' work under the British Red Crescent Society for the Turkish wounded. These nurses also worked in Bulgaria and received from the Bulgarian Government a decoration and illuminated diploma in grateful recognition of their services during the war, 1912-1913.

The British Journal of Nursing shows a beautiful cut of this decoration, and thus describes it and the diploma:

"We are able to reproduce the decoration given to the Sisters, the design of which is a red cross on white enamel, on a gilt background, surmounted by a crown, carried out in gilt, red and white. The diploma is on a buff ground, illuminated in red, blue and green, most artistically blended, with insets showing a Red Cross worker giving a drink to a wounded soldier, and a hospital with mountains in the background. It also bears the Red Cross seal.

The Henry Phipps Institute, Philadelphia, has instituted a post-graduate course of eight months, in public health work, for nurses who wish to equip themselves for this branch of work.

The course is divided into terms of four months each in the hospital and in the Social Service Department.

In the hospital there will be instruction in the practical details

of management of hospital and dispensary, in invalid occupations such as basketry, etc. In the social service department there will be lectures, class and field work in the following subjects: Hospital social service, nursing of the tuberculous in the home, medical inspection of public schools and factories, housing problems, bacteriology, practical dietetics, industrial hygiene and public health problems. In both departments, the mornings will be occupied in practical work, leaving the afternoons free for lectures, etc.

Miss A. K. Sutton, Superintendent, will gladly furnish entrance blanks and an outline of the curriculum, on request.

Miss Gillis, Graduate of Boston City Hospital, who has acted as nurse for the Anti-Tuberculosis Auxiliary, of Vancouver, B.C., for some time, is leaving to be married. The members of the Auxiliary regret exceedingly to have to accept the resignation of their nurse who has done such efficient work during her term of office, and feel that they owe a debt of gratitude to Miss Gillis for the interest she has displayed in her work and for the able way she overcame the many difficulties incident to her duties.

Miss Margaret Robertson, Superintendent of the Nanaimo General Hospital, has left for the east.

Miss S. Arthur (P.E.I.), who has been doing private nursing in Vancouver, has taken charge of the hospital at Powell River, B.C.

The annual meeting of the Alumnae Association of the Mack Training School for Nurses, St. Catharines, was held at the Nurses' Home, Queenston street, August, 27th, at 2.30 p.m.

Among those present were: Mrs. Dr. Mitchell, of Macoun, Sask.; Miss Elliott, Memorial Hospital, Niagara Falls, N.Y.; Miss McIntosh, of Buffalo; Miss Lymburner, of Niagara Falls, Ont.; and others.

Misses Golden, Bowman, Lovell, Grenville and Thomson were accepted as members of the Association.

Miss Shantz was elected Prisident: Mrs. Parnell, First Vice-President; Mrs. Dunn, Second Vice-President.

Miss Albright was reappointed Secretary, Miss A. E. Moyer, Treasurer.

A motion was passed allowing outside Graduates to attend monthly meetings, but they may not vote

Misses McPhee and Boutcher were appointed a committee with the President to draft programme for meetings during coming year.

The Secretary was authorized to send in resolution to Secretary of Hospital Board in reference to Registration.

It was decided, after some discussion, to allow all Graduate Nurses to register, on payment of a fee of $5.00, and $1.00 per year, payable

in advance. Fees are to be passed over to the Secretary of the Alumnae Association to dispose of as Alumnae sees fit, for the benefit of the Nurses' Home.

Misses Albright and Moyer were appointed a committee to see to placing of advertisement prepared by The Graduate Nurses' Association of Ontario.

Mrs. (Dr.) Mitchell (nee Miss Smith), of Macoun, Sask., is visiting her mother, Mrs. Smith, of Duke street, city.

A very pleasant evening was spent at the Nurses' Home, Sept. 10th, in honor or Mrs. Dr. Mitchell, of Macoun.

The Alumnae wished to express to the retiring President, Mrs. Parnell, its sincerest appreciation of her unselfish endeavors to promote the interest of the Association.

On behalf of the Society a letter of appreciation was read by Miss Elliott, of Niagara Falls, and presented to Mrs. Parnell, together with a handsome silk umbrella.

Mrs. Parnell has for years been a most efficient President, and her retirement on account of ill health in the family is much regretted.

The annual visit of Miss McKenzie, Superintendent of the Victorian Order of Nurses of Canada, to Cobalt recently, was the occasion of a very enjoyable social afternoon at the Mines' Hospital. Mrs. Saunders, Superintendent of the Hospital, invited all the available Graduate Nurses, whether engaged in active nursing or residents of the district, to hear an address by Miss McKenzie, on "Registration," given in the Assembly Room of the Y.M.C.A. A dainty tea was afterwards served in the hospital garden. The following were present: Mrs. Lorne Campbell, Haileybury; Miss McKay, Toronto; Misses Panton, Toronto; Miss Jean Bell, Florida; Miss Fitzgerald, Superintendent Lady Minto Hospital, New Liskeard; Miss Nye, Lady Minto Hospital, New Liskeard; Miss Griffiths, V. O. Nurse, Cobalt; Mrs. Jno. Leigh, Cobalt; Mrs. A. N. Morgan, New Liskeard; Mrs. R. Watson, New Liskeard; Mrs. D. Jennett, Cobalt; Mrs. A. N. Davis, Cobalt; Mrs. H. Dixon, Cobalt; Misses Oliver, Fitzpatrick, Mills and Haggart, Cobalt; Mrs. Dr. Hair, Cobalt; Miss Telfer and Miss Hicks, of the Cobalt Mines' Hospital Staff: Dr. C. H. Hair, Cobalt; the Rev. John Leigh, Cobalt. As a result of this meeting it is hoped to hold a meeting in New Liskeard, Sept. 13th, 1913, to form a branch of the Graduate Nurses' Association of Ontario.

On the afternoon of August 30th, Miss R. L. Stewart and the officers of the Training School of the Toronto General Hospital were At-Home to the members of the Alumnae Association and all Graduates of the school. A large number responded to Miss Stewart's invitation and enjoyed the opportunity of seeing the beautiful new Nurses'

Residence. The officers of the school were most kind in showing the guests about the Residence. Miss Robinson, who is in charge of the Residence, presided at the tea table.

The members of the Alumnae Association presented Miss Stewart with an address and a handsome bracelet watch in token of their appreciation of her splendid work in the training school, her unfailing kindness to the Association, and the love and loyalty she had inspired in the members.

Miss Clara Evans, graduate of Toronto General Hospital, class '01, and late of Toronto Hospital for Incurables, has gone to White Horse, Yukon, to take charge of the hospital there.

LUMBAR PUNCTURE.

By Hazel Southard.

A lumbar puncture is done for two principal reasons: as a diagnostic measure, and as a therapeutic measure to relieve pressure in the spinal canal caused by an excess of fluid such as is present in all forms of meningitis, hydrocephalus, hemorrhage into the spinal canal, etc. Where there is an excess of fluid, great relief is often afforded the patient.

As a diagnostic measure it is very valuable, as, for instance, in the epidemic form of cerebro-spinal meningitis and specific organisms may be found. The method, if properly done, is a safe one. The patient is placed on his side close to the edge of the bed, the shoulders are bent towards the knees and the knee drawn up towards the chest as far as possible. In this way the laminæ of the vertebræ are separated and allow a larger space for the entrance of the needle. Pillows placed under the shoulders, and thereby raising them, sometimes help. It is advisable to cocainise the parts before the insertion of the needle, and, if the patient is at all hard to manage, a general anæsthetic may be given.

Thoroughly scrub over the lumbar vertebræ and for quite a space around with green soap and sterile water, using sterile gauze. This is followed with ether, alcohol and bichloride solution. Sterile towels are placed around, making a sterile field, and the operator, after scrubbing his hands, wears sterile gloves. The space between the fourth and fifth lumbar vertebræ is the place generally chosen, as pus-cells, bacilli, etc., tend to gravitate toward the lowest portion of the dural sac where they might escape observation if the puncture is performed too high. With one finger on the spinous process of the fourth lumber vertebræ the needle is inserted just opposite about 2 cm. to one side of the median line and at an angle, so that upon entrance of the canal it will be about in the middle. A small glass test-tube is held under the needle to catch the fluid. The needle must have a sharp point, because a dull point may

push the membranes ahead, instead of going through them, and all efforts be fruitless. The pressure is determined by the rapidity with which the fluid appears; if drop by drop, then a low pressure. Too much fluid should not be withdrawn because of the dangers when there is too low a pressure. Clear fluid may not always be normal. A collodion dressing or sterile gauze with straps of adhesive may be applied after the withdrawal of the needle.—*American Journal of Nursing.*

SCHOOL FOR HEALTH OFFICERS, CONDUCTED BY HARVARD UNIVERSITY AND THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY.

Beginning this fall Harvard University and the Massachusetts Institute of Technology are to maintain in co-operation a School for Public Health Officers. The facilities of both institutions are to be available to students in the School and the Certificate of Public Health (C.P.H.) is to be signed by both President Lowell and President Maclaurin.

The object of this School is to prepare young men for public health work, especially, to fit them to occupy administrative and executive positions such as health officers or members of boards of health, as well as secretaries, agents, and inspectors of health organizations.

It is recognized that the requirements for public health service are broad and complicated, and that the country needs leaders in every community, fitted to guide and instruct the people on all questions relating to the public health. To this end, the instruction of the new School will be on the broadest lines. It will be given by lectures, laboratory work, and other forms of instruction offered by both institutions, and also by special instructors from national, state, and local health agencies.

The requirements for admission are such that graduates of colleges, or technical and scientific schools, who have received adequate instruction in Physics, Chemistry, Biology, and French or German, may be admitted to the School. The medical degree is not in any way a prerequisite for admission, although the Administrative Board strongly urges men who intend to specialize in public health work to take the degree of M.D. before they become members of the School for Health Officers.

The Administrative Board which will conduct the new School is composed of Professor William T. Sedgwick, of the Massuchesetts Institute of Technology; Professor Milton J. Rosenau, of Harvard; and Professor George C. Whipple, of Harvard. Professor Rosenau, of Harvard, has the title of Director, and the work of the School will be under his immediate supervision.

MARRIAGES.

Brochel-Dale—On Monday, May 5th, 1913, at Toronto, Sadie A. Dale, Graduate of Grace Hospital, Toronto, Class 1911, to Philip Freeman Brochel, Montreal.

Henry-Dafoe—On July 30th, 1913, at Madoc, Ont., Miss Lois Essa Dafoe to Mr. Stanley Hunter Henry, M.A.

McPherson-Sparkhall—On August, 22nd, at St. Barnabas Church, Toronto, by Rev. F. E. Powell, Miss Mabel E. Sparkhall, Graduate of the Hospital for Sick Children, Toronto, to Dr. W. A. McPherson, Peterborough, Ont.

Morris-Mott—On Thursday, August 14th, 1913, by Rev. H. B. Kenny, Miss Carrie Mott, Graduate of the Hospital for Sick Children, Toronto, to Mr. Francis F. Morris, of Bowmanville, Ont.

Wood-Stephens—On June 19, 1913, at Great Falls, Montana, U.S.A., Mary Elizabeth Stephens, Graduate Grace Hospital, Toronto, Class 1911, to Richard Wellington Wood, Alameda, Sask.

THE NURSES' LIBRARY

"The History of Nursing," Volumes III. and IV. By Miss Lavina L. Dock, R.N. Secretary of the International Council of Nurses; Graduate of Bellevue Training School, New York City. G. P. Putnam's Sons, New York and London.

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United States: Training schools here from the first benefited by the teachings of Florence Nightingale, and the march in progress has been steady. State Registration is in force in many states. It is interesting to note the advance of standards—of work and education, and progress of organization.

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WOMAN'S CENTURY

This new paper is, as its name implies, owned, managed and edited by women. The editor is Mrs. Campbell-MacIver, and co-operating with her are: The King's Daughters of Canada, The Women's Canadian Club, The I.O.D.E., The W.C.T.W., The United Suffrage Societies, The Business Women's Club, and other allied bodies representing all progressive Canadian women.

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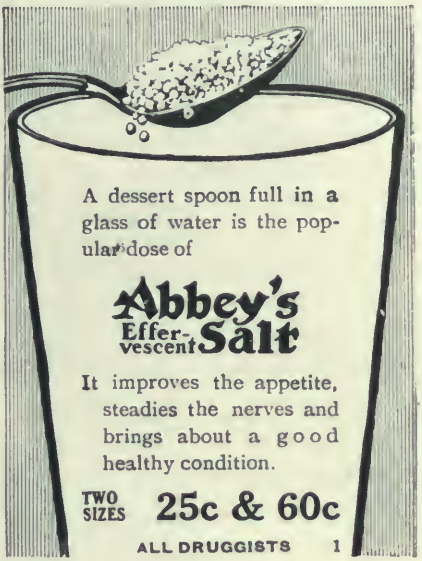

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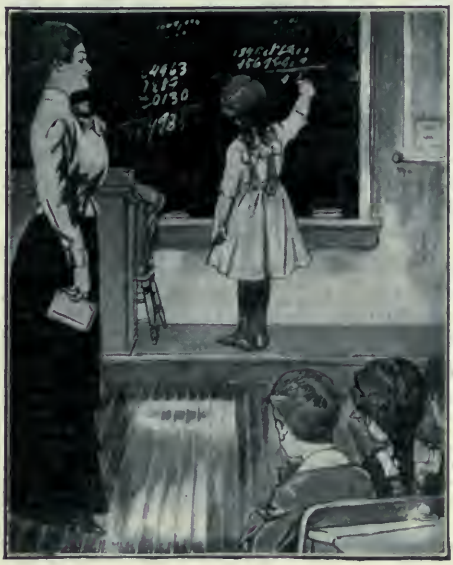

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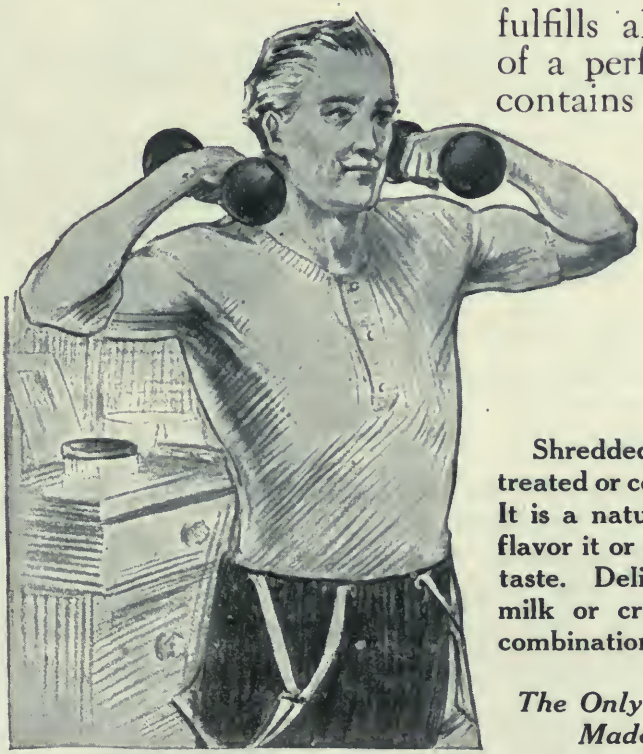

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WHAT NURSES SHOULD KNOW ABOUT TREATMENT WITH SERUMS, VACCINES, TOXINS, AND PHYLACOGENS.

By Miss Emma Nixon.

I have been requested to give you a general talk on serums, vaccines, toxins, and phylacogens. My plan is to arouse your interest and wonder in these marvellous therapeutic agents, point out some of the practical points of interest and value to our profession, and give a few reasons why we should take up the serious, intelligent, consecutive study of these new remedies.

Bacteriology, that wonderfully fascinating branch of the science and art of medicine, now embraces a vast fund of information that has been accumulating for many years, but it is only within the last twenty years that the application of these facts and discoveries has been made in the prevention and cure of disease. First came vaccine virus; then anti-diphtheric serum, with both of which you have long been familiar. Soon came other sera vaccines, and quite recently the phylacogens. Of these latter I will speak more in detail, as I have had greater experience with them.

In the last few months I have noticed a number of articles in the lay press, which indicate the extent to which observing lay writers have been impressed with the results obtained in the prevention and cure of disease by the use of bacterial derivatives. One article, entitled "The Struggle for Immunity," appeared in *Harper's Monthly*, December, 1911; another, equally interesting and well written, entitled "Our Struggle with Germs," was published in the *Literary Digest*, December, 1911.

The inference to be drawn from these is that the general public is already noticing, soon it will be interested, and before long it will demand to be treated with these remedies. If laymen are already acquiring a noticeable degree of confidence in the results that accrue from the use of the bacterial derivatives in the prevention and cure of disease, what must be the belief of the best-informed medical research workers? Naturally they are very conservative in expressing themselves on paper, but there is no doubt that many of these men believe it will be possible to cure pneumonia, typhoid, influenza, erysipelas, scar-

let fever, measles, whooping-cough, rheumatism, asthma, tuberculosis, and other acute and chronic infectious diseases.

Let me assure you that a cure with a bacterial derivative, especially a phylacogen, is a cure in the true sense of the word—in a large percentage of cases a mervollous cure; grave cases that are beyond the reach of ordinary methods are saved, severe cases are cured promptly, and ordinary and mild cases are cured so quickly as to be dramatic; relapses and complications occur but seldom, sequelæ are prevented, and the patient has been at the same time fortified against a number of morbid conditions due to bacteria.

What chance has the ordinary pharmaceutical agent against this class of remedies? Think it over. Personally, I have seen some most excellent cures obtained with the bacterial derivatives after all other approved, up-to-date methods have produced little or no improvement. I firmly believe that the next few years will show a universal adoption of the biologics in treatment of many acute and chronic diseases, so it seems reasonable to me to forecast that with this development the biologics will constitute at least 50 per cent. of the therapeutic agents used by doctors. The importance, therefore, of beginning early to learn something of the real facts concerning these preparations must be apparent to you all.

I urge all nurses to acquire a working knowledge, that they may intelligently co-operate with the physician when he is employing these wonderful therapeutic agents. I do not hesitate to say that less than 10 per cent. of the professional nurses know the nature of a serum, vaccine, toxin, and phylacogen. You may answer that these remedies are new; there is plenty of time. I grant they are new, but their use is growing so rapidly that their general employment by doctors is assured, and now is the time to begin getting acquainted with these preparations and learning their various features, that you may understand fully their rational application when these products come up for discussion in the regular routine of your professional duties.

Our profession is fully capable of acquiring a working knowledge of the practical points in the clinical use of these agents, and we should lose no time in doing so if we are to keep abreast of the new ideas and methods of treating disease. This means careful, well-directed, consecutive study. What is necessary for the nurse to know, and what is practical and easy for her to learn that she may intelligently serve the physician when he is treating a case with the bacterial derivatives?

First, the nature of these preparations. Serums are the liquid portion (remaining after the clot has separated) of the blood of animals, usually horses, that have been treated with gradually increased doses of bacterial toxins or attenuated or killed cultures of the organisms them-

selves. These preparations contain the protective substances developed in the blood of the animal so treated.

Bacterial vaccines, or bacterins, are suspensions in physiologic salt solution of pathogenic bacteria whose vitality has been destroyed by heat These preparations contain the dead germs themselves.

Toxins are products of pathogenic bacterial growth. These preparations contain the toxic substances generated by the germs during their life in artificial culture media.

The phylacogens are neither bacterial vaccines, toxins, nor sera as ordinarily understood. They are sterile aqueous solutions of the metabolic substances generated by bacteria grown in special artificial media. The bacteria, first killed, are then removed by filtration through porcelain. These preparations contain the substances developed by the germs during their life in artificial culture media. These are so modified by sterilization that they are non-toric. These phylacogens, of which there are several, show every indication of becoming by far the most valuable and most widely used of the bacterial derivatives. Their range of applicability is great, as there is no question that they have a place in the treatment of most of the acute and chronic infectious diseases.

Second, the feature of the container in which these are usually supplied.

The glass-sealed ampoule which needs to be broken open, and for which a sterile stopper needs to be provided in the event that only a part of the contents are used.

The rubber-stoppered glass ampoule, rendered hermetic with paraffin dipping; this is by far the most practical and convenient container, since with a little attention to antiseptic detail the rubber stopper can be easily removed and quite easily replaced, thus preserving the sterility of the contents and allowing their use at will. The syringe container is ideal when the contents are to be given at one dose.

Third, the methods of administration.

The hypodermatic method is the method commonly used for giving any serum, toxin, vaccine, or phylacogen. This is the most conservative.

The intramuscular is used but little, as this method is followed by more pain and danger of injecting directly into a blood vessel.

The intravenous is used by those who are expert in the use of bacterial derivatives. At this time the phylacogens and serums are the only preparations given by this method.

Fourth, that these preparations, when the dose is less than ½ c.c., may be admixed with normal salt solution to facilitate administration.

These and other points which the nurse unfamiliar with these preparations finds specially adapted and necessary for her individual needs can easily be compiled in a small book, which can be carried and referred to as occasion demands. Some of you may consider this application of

time and energy burdensome and impractical, but I can assure you that already there are those who see the increasing value and range of applicability of the biologics that are devoting their entire time and attention to this field of therapeutics.

In the several instances of which I have personal knowledge, opportunity for employment is never lacking, and the remuneration is very attractive.

I will now take up the consideration of the phylacogen, in the clinical application of which I have had the most experience, and because these should be of greater interest, inasmuch as it is in the clinical application of these remedies that the services of the professional nurse are more often required than with any other bacterial preparation.

These preparations were originated by Dr. A. F. Schafer, of Bakersfield, California.

DEFINITION.—The term phylacogen means a guard creator, and may be, as in the case of these phylacogens, inert in themselves, but which, on injection into animals, cause defensive products, probably proteids, to develop.

The principle upon which the use of these phylacogens is founded is the theory of multiple infections. This principle is supported by an professional endeavour.
extraordinary practical experience, supplemented by exhaustive and long-continued laboratory and clinical experimental work by Dr. Schafer.

Three facts are set forth by Dr. Schafer as the basis of this new therapy:—

First. Practically all acute and many of the chronic diseases are caused by the metabolic products of bacteria.

Second. The human subject is the host of micro-organisms that are pathologically latent, but capable of setting up a disease process under certain conditions.

Third. The growth of the infecting micro-organisms can be arrested and their effects neutralized by products derived from their development in artificial culture media.

SAFETY.—The degree of toxicity of the phylacogens has been carefully ascertained by means of experiments on animals. The results of these tests indicate that the minimum lethal dose for a 150-pound man is 645 c.c., an amount many times greater than the maximum prescribed dose of these preparations.

As these results apply to healthy animals, they cannot serve as a guide when using the phylacogens specifically, as in the treatment of typhoid fever or tuberculosis, when the size of the initial dose must be carefully considered and always be comparatively minute.

DETERIORATION.—These products deteriorate very slowly, and in so

doing simply become inactive; they do not develop any poisonous properties.

INDICATIONS.—The phylacogens are indicated in the following conditions, in all of which there is clinical evidence supporting the curative value of the remedies: Rheumatism, surgical infections, erysipelas, sequelæ of gonorrheal infections, pneumonia, typhoid fever, localized tubercular disease.

Others could be included in this list, but I wish to be conservative. This gives some idea of the wide range of use for these agents and the great possibility of nurses having to meet with them in the field of their

ADMINISTRATION.—Phylacogens are given subcutaneously for the most part, but may be given intravenously by those experienced in intravenous work. If subcutaneous method is used, the injection should be given under the skin and not beneath the superficial fascia, or muscle, the point of injection is preferably one where there is considerable loose skin, as at the insertion of the deltoid muscle, or in the back between the scapulæ.

The interval of doses is from eight to forty-eight hours, depending upon the judgment of physician.

The average dose is from 5 to 20 c.c. subcutaneously. One-half to 5 c.c. intravenously. More, if the judgment of the physician decides it necessary.

REACTION.—This is the feature that is important from the standpoint of the professional nurse; it is during the reaction that your services are required, and here is where previous knowledge, knowing what to expect, and preparedness, make your efforts many times more effective, both in serving your patients and co-operating with the doctor. The proper recognition, interpretation and recording of reaction symptoms has largely to do with the result which can be achieved in any given case, and as this work devolves upon the nurse, you will no doubt agree with me that thorough acquaintance with the reaction symptoms is very desirable.

SUBCUTANEOUS INJECTION.

LOCAL REACTION.—First, a sensation of fullness and burning followed in 6 to 24 hours by swelling, redness, pain, stiffness and numbness—these vary in intensity from slight to severe; if very severe the L. & O. compresses will effectually relieve. In a small percentage of cases there is no reaction.

GENERAL REACTION.—In 30 minutes to 6 hours there comes on a chilly sensation, which may merge into a distinct chill; patients may have headache, nausea, pain in the affected parts, general muscular pain and free sweating; temperature may rise 1 to 5 degrees, pulse may rise 10 to 50 beats per minute. In rare cases vomiting and diarrhœa occur, occasionally stomatitis, and in about 2 per cent. of the cases herpes

appears around the mouth; the lips crack and bleed. This may occur after the first dose, though usually it does not appear until after two or three doses have been given. Abdominal pain, severe nausea, repeated vomiting, purging, feeling of great depression, bodily weakness, severe prolonged chills are symptoms indicating too large and too frequent dosage, or accidental injection into a vein.

None of these symptoms are dangerous and all are transitory. They can easily be controlled by regulating the size and interval of dose.

Intravenous Injection.

Local Reaction.—There is no local reaction, unless faulty technique permits injection into the tissues around a vein or into the wall of the vein; this usually gives a very painful local reaction requiring local treatment with hot compresses to control it.

Rapid Injection.—Where phylacogen is injected into the vein too rapidly, it results, immediately, in pronounced circulatory disturbances, evidenced by a pinched expression, blueness of the lips, a slaty blue colour rapidly spreading over the face, and attended with disturbed heart action and a rapid, feeble, and at times intermittent pulse, and rapid shallow respiration. These symptoms will never appear if the injection into the vein be made very slowly, allowing from half to three minutes for doses varying from ½ to 10 c.c.

Reaction Symptoms.—Usually within 30 minutes after intravenous injection, the patient feels chilly, a sensation which rapidly becomes more pronounced. He will slip down into the bed, drawing the clothing close around the neck, turn over on his side, flex the thighs of the abdomen, and by this time he will be in a decided chill, which will become more and more pronounced until it assumes the proportions of a severe rigor.

The chill will be so violent at times that the movements of the patient will vigorously shake the bed. The chill usually lasts about 30 minutes, occasionally 60 minutes, and gradually passes off. Headache, nausea, vomiting, pain in the affected part, general pain in the muscles and joints, bowel movement may occur at this time, and more often than with the subcutaneous method. Later the patient becomes drowsy, breaks into a profuse perspiration and falls asleep. When symptoms described under too rapid injections come on at this time and show a tendency to persist, careful record should be made of them, the usual supportive measures instituted, external heat, internal and hypodermic stimulation, absolute quiet, and the attending physician notified.

Contra-Indications.

Subcutaneous Method.—There are no contra-indications to the subcutaneous method.

Intravenous Method.—Terminal cases, those of patients already dying; hopeless cases; cases with severe and dangerous cardiac involve-

ment; cases with pronounced arterio-sclerosis; chronic alcoholics, or those suffering from an acute attack of alcoholic tremens, should not be injected intravenously.

Here is where the nurse again has hard work cut out for her, as it is but natural that the physician will use new and wonderful curative agents to treat hopeless and terminal cases and dying patients in the effort to give them every chance, and with the idea of perhaps getting a wonderful cure. It is in these cases where every bit of strength, heat and heart action count for the patient, that the nurse needs to keep doing all the time and watching very closely. I have seen terminal cases, especially of acute infectious conditions, where for some hours after an injection, the careful use of the stethoscope was required to determine if the patient was actually alive; I have seen such cases get well. Physicians hear of these instances and try to duplicate them. Naturally the majority of such cases die; but those that do get well require very painstaking, skilful nursing, which means that the nurse must have confidence in the treatment, and this she cannot have unless she knows something about it.

Age.—Age alone does not contra-indicate the use of phylacogens; infants and the very old stand properly adjusted doses very well. Dr. N. N. Brown, of Bakersfield, has given a man, 92 years of age, with lobar pneumonia, the pneumonia phylacogen intravenously, with a rapid cure. The patient went through his reaction, chill, etc., without any alarming symptoms developing.

Permanence of Cure.

The question of permanence of cure comes up with regard to chronic infectious conditions, and experience warrants the statement that it depends on the precise diagnosis of the actual cause of the condition, the patient's power of resistance, and sufficient treatment.

I have given you some practical points all based on the results of actual experience, which I trust have appealed to you as worthy of serious consideration and given you a measure of confidence in the present great value and the prospective greater value of the biologics and especially the phylacogens. In closing, I again urge you all to begin now acquiring definite, precise information on these remedies, that we may be prepared to adjust ourselves and our profession to the rapidly changing methods of therapeutics, and so keep abreast of the progress in a field in which the prospects for honour and gain to our profession are very alluring.—*The Pacific Coast Journal of Nursing.*

A DAY'S WORK

"Buzz!" went the telephone, and the factory nurse sprang to answer. It was about seven o'clock on a cold, wet morning. "Hello," said the superintendent's voice. "Is that you, Miss Smith?" "Yes." "Please go as soon as possible to Railway Street, No. X. They need you." "What is wrong?" But the superintendent had gone. The nurse turned and rapidly prepared to go to Railway Street. This street was the home of the foreign element of the city, and she suspected that during the night they had drunk not wisely but too well, and that as a consequence someone had come to some harm. After a hasty breakfast and a mad rush for a car, the nurse arrives at No. X. Here a wedding had been celebrated on the previous night. The bride, arrayed in the conventional finery of veil and orange blossoms, was bleary-eyed and stupid; the groom was one degree more stupid, and was decorated with a bleeding wound on the head. The guests were in various stages of inebriety, while filth, dirt, and every conceivable unsanitary condition stalked openly.

In a corner, almost lost in the general confusion, was a wee, dark-eyed, puny baby, slowly dying of pneumonia. Here surely was work enough for a nurse. Having found the mother of the tiny infant and having attended to the pressing needs of the child, the nurse took the slovenly woman through the house, pointing out the most obvious pest spots, and gave her five hours to clean up. The father, with tears in his eyes, promised to see that things were in better condition. "Very well, I'll come back, for then I can do some work." The nurse then hurried off to another case further along the street, where things were much the same, except that there were no remnants of a wedding. A few broken chairs, a bare floor, an antiquated stove, and on a piece of oilcloth without sufficient clothing to cover the poor little body was another baby dying from sheer neglect, its little body broken out in sores, and the life slowly ebbing away.

The nurse attended first to the child and sent the father to buy flannellette at a nearby store. Then, having wrapped the baby up in soft absorbent and bandages, she directed the mother how to cut and make the small garments, and promised to return in a few hours to see what progress had been made. All this takes much time, and the nurse realizes that she has barely time to attend to a dressing before attending to the wants of the "inner woman." Hurrying down a short side street she goes into a house. This house, though bare, has clean floors and a neat appearance. The burn on the Bulgarian's leg is progressing favorably, the dressing is done, grateful thanks is bestowed on the nurse, and she hurries into the next door to advise a convalescent patient to report for work on Monday. Then she boards a car and goes to lunch.

After lunch the nurse goes to the factory. Here are employed sixty or seventy girls. These girls are supplied with toilets, rest rooms, lunch rooms, and a small hospital, where any who are ill during work hours are cared for. The nurse inspects the condition of these rooms, investigates the supply of fresh air, light and heat, and the methods employed to keep these rooms attractive and sanitary. Any defects which are noticed are remedied if possible, and any suggestions which are offered as to bettering the surroundings of the girls are cheerfully listened to and quickly carried out. Before leaving the factory a visit is paid to the office of the General Superintendent. Here the nurse is always sure of a courteous and interested listener. The welfare of the employees, the betterment of their conditions, the improvement of their surroundings, the economical education of the foreigners are subjects which mean much to him, and he lends the weight of his influence to bring about ideal factory environment. Having reported her day's work, the nurse goes off to see how the house on Railway Street is standing the effects of the cleaning. Five hours had worked a transformation. Soap and water had been vigorously applied to floors, walls and furniture. Here was a place where it was possible to work and to work with results. The doctor was called in, the baby received the needed treatment, and in a week or two had proved again the survival of the fittest. The factory owners of this country are coming to realize that if the output of their factories is to be up to the standard, they cannot afford to have men laid aside for indefinite periods. Sometimes these men are injured in the discharge of their duties, sometimes they are incapacitated through their own indulgence, sometimes through their own carelessness; but whatever the cause, the results to the factory are the same—short-handed and lack of output. Recognizing this the managers of all large industrial concerns have aided as far as possible to keep their number of workmen constant, and in bringing this about the factory nurse plays a most important part, and fills a long-felt want. Her patients are for the most part grateful; they treat her with every respect and obey her orders as far as possible. She is as safe among them, even when the whole household is of foreign blood, as she would be among English-speaking people. And the relief she brings to those in pain, speaks to them in the language common to all humanity. These people may still suspect the altruistic motives of the superintendent and of the managers, but they know that the visit of the nurse means only good for them.

The visiting nurse has endless opportunities of doing good work among this class of people, and it is only through patience, time and hard work that she will be able to bring about the desired results—making good Canadian citizens of them.

M. C.

A TIRED FEMALE VIEW OF THE DIGNITY OF LABOR

By J. F. Botting, Montreal

When the leather chairs and tables with the newest magazines,
And the writing desk, and telephone, and Oriental screens,
And all the other manly things, professional and strong,
Equip your bran' new office; and you take the place that long
Your seething hot ambition has been reaching forth to gain,
And your chest expansion broadens, and tailor-made and plain,
You sit down to write some letters until the patients come—
O, the woman sense of dignity! of power! of work! Yum! Yum!

But when darkness unto dawning reaches forth a shadowy hand,
When no street-cars are running and the cabs have left the stand,
When your marcel-wave is stringy, and your linen blouse is fussed,
And your tailor-made is muddy, and you see big spots of rust
On the bran' new, steel bright instruments, you sterilized with care
In the blue-enamel basin, in the wee back kitchen, where
You breathed down foreign microbes, flabby, fat and garlic-fed,
You still feel you're the doctor, but it don't go to your head.
When you've pressed the rue of service for three solemn, tardy years,
And been blessed to flights of rapture, and been drowned in floods of tears;
When you've disciplined your spirit and enlarged your depth of soul,
And with medal and diploma you stand waiting to unroll
The sealed parchment of your future on your graduation day,
And the thought of all self-living is so bravely put away.

Somehow everything seems sacred when you go to bed that night;
The uniform is glorified—the cap!—a halo bright.
Trained for service, and that service in its sternest sense seems best,
And with rapturous sense of usefulness the new nurse sinks to rest.

But no germ-proof regulations ever reached the poor,
And microbes bold with hoofs and horns meet sweet nursie at the door
Of every house in "Shawl-town," east of St. Lawrence Main.
She brow-beats, boils and scourges them, but finds them there again.
So she bathes the little babies, puts pink nighties on their mas,
Tells them how to be aseptic, but she does not soar, because
There are so many limitations to her usefulness, and then
Her uniforms are always crushed, and o'er and o'er again,
When the cars have made her muddy, and her patient's room is queer,
She meets some big, big doctor, but not twice in a year
When she is smart and speckless, and her work is neatly done,
Does she ever see a doctor, except some very minor one.

When you've made the class oration, and received the scholarship,
And have learned the art of teaching and been duly well equipped
To instruct the gracious progeny of men of brains and parts,
In the newest notions for their heads, the coolest for their hearts.
When little Mary's mother brings to you her blue-checked joy,
And Doctor Murray-Edwards motors over with his boy;
And you look into the future, succor'd, upheld—and by you!
How the sense of your arrivedness just soaks you through and through.

The diary of Monday is of biographic worth,
And noble resolutions, bless the heart that gave them birth.
And Tuesday's semi-princess, with the touch of Alice-blue,
Is worn with cool detachment, but is smart and pretty too.
But who but she who knows can paint the woes of Friday night—
The learned methods that have failed, the fuss, the fume, the fight
With tangled nerves and mixed-up brains, and checked and bustered vice—
There's chalk-dust on the Alice-blue: not even looking nice.

When you've landed at Niagara Falls, where married people go,
And you're walking in the moonlight, where domestic breezes blow;
And you're happy, for its lovely—the landscape and—a—the rest.
And you think of all the happy, you're the blestest thing that's blest.
You remember that he's promised ('course he couldn't do it, though)
To give you all his worldly goods—but some of them will do;
And to love and keep and cherish you—the dear, big, trustful thing.
And you fall to supplicating that you ever to him bring
Only helpfulness and happiness, and love and joy and things.

But it's jelly-time in Montreal, when you move into the flat,
And there's pots and pans and dishes—three times a day at that;
And you can't afford a maid as yet, and your new wash dresses fade,
And you're tired, hot and worried; and all the vows you've made
Seem so dismally one-sided, when a short-sleeved, Dutch-necked fright,
You haven't had time to "dress for tea" when Jim comes home at night,
Well-dressed, happy and contented, though the jelly didn't jell;
He has spent his day in heaven, you have fussed in yours in —. O well,
There's a value coming to you, for every service given.
(If you get out of life what you put in, you ought to call it even.)
But it's got its limitations—our services the same.
And it's realized, not photographed, howe'er the leaping flame
Of the imagination, pictures lime-light views serene.
And the dignity of labor is a thing that isn't seen.

A CONGRESS OF HEALTH, NOT DISEASE

With the closing of the Fourth International Congress of School Hygiene, one fact stands out vividly: The school hygiene movement has become a positive movement for the advancement of the health of the school child, rather than a negative summing up to disease.

The health emphasis was particularly noticeable in the scientific exhibit held in connection with the congress. Visitors to educational exhibitions on hygiene and sanitation do not need to be told how frequently these have been of the "chamber of horrors" variety. There were survivals of this type in the Buffalo exhibits, but for the most part the positive, sane, normal exhibit was conspicuously present. There were wonderful pictures of city girls engaged in outdoor sports and games—the New York school girls, for instance, who in their Public Schools Athletic League illustrate the newer health spirit of the hour, the spirit of wholesome recreation, to which even the tenement seems to succumb.

The old familiar exhibits of wan and careworn consumptive children were replaced in the exhibits with cheerful pictures of pretuberculous" youngsters busy in the school of the out-of-doors, their faces bright with the hope of health, typical of the knowledge that fresh air and sunshine can and will drive tuberculosis from the earth.

There were more illustrations of healthy teeth than decayed, in the Buffalo exhibit; there was less emphasis on the pitiable condition of bad teeth and more stress on the advantages of good teeth; and above all, there was the spotless school dental clinic of Cincinnati and other cities, with its promise of better, cleaner mouths for future school children.

Exhibits of the old sort there were—a few; just as there were a few speeches of the kind that were undoubtedly necessary in the early days of the health movement, to arouse public sentiment; but the one big central fact, both in the exhibit and in the speeches, was that school hygiene is to be henceforth considered from the point of health, not disease; that sound bodies, clean minds, normal development, air and sunlight, rational living, education to fit for natural productive life, are the things to be stressed; that it is not so much a fight against disease as it is a fight for health. It was almost as if the delegates of the nations at Buffalo had declared to the world: "There are many things to be done; we know the evils now; let us remedy where we can; but let us above all, do our best to point the way to clean, healthful, normal living for the generations to come."—The Training School.

PAID INSTRUCTORS

Many Training Schools are recognizing the necessity of having paid Instructors—they have long recognized the value of such Instructors—if they are to be successful, (1) in sending out well-trained, properly-equipped Graduates, and (2) in attracting new pupils.

How to secure these Instructors is the question. The suggestion was made recently before a body of Superintendents of Training Schools that where one school alone could not afford to engage an Instructor, two or three might unite and so secure the services of this valuable official. We are not sure that the suggestions has been considered seriously yet.

Miss Parsons, Principal of the Massachusetts General Hospital Training School, speaks with no uncertain note on this question. She is quoted thus in The International Hospital Record:

"We can doubtless recall many splendid lectures and bedside talks from the instructors who have given their services for the love of the work and interest in the schools. I suppose most of our schools still depend a great deal upon this voluntary work, and I would not underestimate its value. Every time we are fortunate enough to find a person, man or woman, who has the ability and the interest and the time to give to this work, who will give it as conscientiously as a paid instructor, the school may be thankful. But the advantages of having paid instructors are really so obvious that it seems almost superfluous to discuss it, especially the advantage of having resident paid instructors to supplement perhaps the lectures that are given gratuitously by the members of the hospital staff. When we pay for a thing we are allowed and are expected to be critical of the things paid for. We may demand quality, and pick and choose the kind of service that shall be rendered. Under the non-payment system of instructors we not only remember those who have given perfectly good service, but we can think of the many engagements broken, many of us can remember of the times we have been to lectures and have waited ten to fifteen minutes and then have heard the announcement that Dr. So-and-So was called away, or perhaps he had forgotten his engagement, and the class was dismissed and there was a week wasted as far as the school's program went. Then we can remember the very technical lectures that we have listened to, far over the head of the pupil perhaps, also the superficial lectures that have skimmed lightly over the surface, where it is perfectly evident that no preparation had been given to the work, and the uncertainty of such service is what renders it undesirable. When we can pay people who have not only the medical knowledge, but also have the gift of imparting it to pupils, we are fortunate, and the value of the resident instructor who has had special preparation, who can supplement the lecture work, can meet the nurses'

needs, impress upon them the most important facts that they should know, can find out what their mistaken ideas may be, answer questions for them, we are getting good work and we get good results. Such an instructor presumably has time to prepare her lessons beforehand, to know how she is going to handle her subject and to get ready her illustrative material. She can meet the nurses at the time that it is convenient to call the nurses together. In our schools we have found one of the most advantageous features of paid instruction to be the fact that we are not obliged to call our night nurses up at the time it used to be necessary when we did not have the paid instructor. We can have a class for the day nurses and then an afternoon class between five and six for the night nurses. The instruction then is coherent, one thing fits into another, there is a definite plan that is followed out, and the value of having a paid instructor for practical work is just as valuable as having a paid instructor for the theoretical work. Such an instructor is presumably an expert in her line. She studies various methods, she visits other schools, she studies the principal needs of her own classes, she knows the individuals in the classes, and then she develops the work and develops the abilities of her pupils, she takes especial pride in the results that will be produced. It is all so different from the haphazard work that we used to do when paid officers, to be sure, but officers with other duties that were so exacting that it left them no proper time to prepare for class work, that we wonder how we ever got along without our paid instructors."

OPPORTUNITIES IN THE FIELD OF NURSING

The pamphlet bearing the above title, prepared by the Nursing and Health Branch of the Alumni Association of Teachers' College, Columbia University, New York, gives a fund of the very information that the new Graduate wants, but doesn't know how to get.

Many Superintendents of Nurses are placing copies of this pamphlet in the hands of their Graduating Classes, so as to help them answer the question: "To what department of nursing work will I devote my energies?"

More might wish to do this if they knew about this little pamphlet that is so brimful of information.

We referred to it in "The Nurses' Library" in the August number.

THE SCHOOL NURSE

Regina, Sask.: Miss Bolster, Graduate of Toronto General Hospital, Class '10, has been appointed Assistant on the Public School Nursing Staff.

The Board put in an excellent dental equipment in an office in Alexandra School, and we held our first clinic on September 12th. The dentists are giving their services each Saturday forenoon to a limited number of poor pupils. This will be of the greatest value to our schools.

Little Mothers' Classes have been organized in Earl Grey School.

A new school, opened on October 8th, contains a splendidly equipped Nurses' office, with an ideal dressing-room off it. Two more are to be opened the beginning of the year.

Toronto: On Sept. 9th the School Nurses were entertained by Dr. and Mrs. Struthers in their home, 558 Bathurst Street. A delightful informal social hour was greatly enjoyed by all.

Dr. Struthers gave a brief review of the year's work and outlined plans for the ensuing term; then in a few kindly sentences introduced the new superintendent of nurses, Miss E. M. Paul.

Miss Paul will have the good wishes and hearty co-operation of the staff to assist her in her new responsibilities.

On September 15th, 1913, at the residence of Mrs. C. J. Hastings, Russel Hill Drive, the marriage of Miss Nellie Hatch and Mr. Hugh Ray was solemnized.

The opening of the September term saw a great many changes in the staff. Resignations were accepted from Miss L. L. Rogers, Miss N. Hatch, Miss K. Pauton, Miss McQuhae, Miss Hill, Miss Sterling, Miss Courtice, Miss Fergusson, Miss Shipley.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, Oct. 6th, at the Nurses Clubhouse. The day was delightfully warm and made it possible to have the meeting on the lawn. During the serving of afternoon tea a little gift was tendered to Mrs. Struthers from the staff of School Nurses.

Miss Florence Jones spent a delightful holiday in California.

Miss E. Macallum and Miss Armstrong visited Alaska and the Yukon during July and August.

Mrs. Feeney spent a month in England.

The field for School Nurses is gradually extending, and the call for Nurses with experience in that work is increasing. Four towns recently wanted nurses, but none with proper qualifications could be secured. This is a deplorable state of affairs. Nurses are wanted who have had experience in social service and school nursing.

PUBLIC WELFARE WORK IN MONTREAL

It is interesting and encouraging to recognize the rapid and continuous development of Social Service work in our midst. Within the last twelve months new Settlements, Day Nurseries, Convalescent Homes, Milk Stations, Dispensaries, Vacation Schools and playgrounds, have all begun work in response to the growing needs of our great city. The desire for information and education on the part of the workers themselves is perhaps the most encouraging feature of all. In order to maintain a high standard of excellence, both trained workers and efficient volunteers are needed in our public charities and on philanthropic committees. In response to this desire for greater knowledge and efficiency we note the recent French-Canadian Baby Hygiene Conference held in our city, the deputation of two eminent Catholic Priests to the Congress on "Young Girls and the White Slave Traffic." held in London, and the summer course for country doctors in the Bruchesi Institute for prevention and cure of tuberculosis. We are glad, too, to recognize University co-operation in the splendid extension course on "General Principles of Public Health," to be given in the near future by Dr. T. A. Starkey of McGill University. The Charity Organization Society recognizes this demand for more knowledge and greater efficiency among local workers, and offers a splendid course of lectures and practical work for six weeks, beginning October 14th. It will doubtless appeal to many workers on committees, in churches, settlements, etc., and to nurses taking up Social Service work in hospitals or in the City Health Service.

The lectures, which are given by experts, and the specially directed practical work should prove vastly helpful to all workers.

For enquiries and registration address Social Service Educational Department, Charity Organization Society, 70 Jeanne Mance St., Telephone, East 2342.

McGill University has arranged for a course of about twenty lectures and demonstrations on "General Principles of Public Health," to be given by T. A. Sharkey, M.B. (Lond.), D. P. H. (Lond.), M.D.C. M. (McGill), M.R.C.S. (Eng.), early in the new year.

For full information apply to the Secretary, Royal Victoria College, Sherbrooke St. West, Montreal.

The Graduating Exercises of the Western Hospital, Montreal, were held on October 3rd, when the Graduates received diplomas—Misses Caroline McAllister, Kathleen W. Wiggett, Ethel L. Corby, Jean H. Stratton, Eleanor Cooper, Ada D. Shepard, F. Mabel Reveler, Helen Rankin, Emily H. Crossley and Eleanor Ellis.

Mr. D. Lorn McGibbon, President of the Hospital Board, presided. Dr. W. G. Riley addressed the Graduates, his subject being "The Model Nurse." The diplomas and medals were presented by Mrs. McGibbon.

Addresses were also given by Dr. J. Perrigo, Canon Almond and Mr. Chas. Gilday. Mr. Gilday prestented the gold medal for Surgery to Miss Stratton, and a second prize to Miss Rankin.

PUPIL NURSES

Shall pupil nurses be sent out on private cases during their training or not? This question was discussed pro and con at the Annual Meeting of the Canadian Society of Superintendents of Training

Superintendent and first graduating class of the General Hospital, Oshawa, Ont.

Schools for Nurses in 1913, and while the majority of the speakers condemned the practice of sending pupils to cases outside the hospital, yet the Society did not put itself on record as advocating any definite pro-

cedure or principle. This is to be greatly deplored, for some definite stand would undoubtedly have had a restraining effect on those hospitals that follow this practice to help swell their treasury.

The one argument to defend the practice was the value, to the pupil, of the experience, and some of those against it were:

(1) The injustice of placing such heavy responsibility on a pupil.

(2) The lack of supervision, without which there cannot be proper training.

(3) Complications arise that cannot be met for lack of knowledge.

(4) Outside work is not valuable to the pupil.

(5) The injustice and unfairness of making the pupil earn money for the hospital.

It seems to us absolutely and entirely wrong and blameworthy to send out pupil nurses to earn money for the hospital. Is there any possible excuse for such procedure? The nurse gives her services to the hospital that she may in return receive an adequate training, practically and theoretically, that will fit her to properly care for the sick under all conditions, and to cope with any emergency that may arise in this work. Is the hospital fulfilling this obligation—for it is surely an obligation—when the pupil is sent for weeks at a time to care for private patients outside? To make the thing more glaring, the hospital boasts of the money its pupil nurses have earned. Is this right? Is this just to the pupil nurses? Are they getting the education for which they are paying, not in dollars in cents it is true, but in service the very best, the value of which cannot be reckoned in dollars and cents?

In spite of these and other wrongs, many nurses are lukewarm about Registration. When will they awaken to their duty, their opportunity, and obey the dictates of their professional conscience?

The healing of His seamless dress
Is by our beds of pain.
We touch Him 'mid the throng and stress,
And we are whole again.
I call you to serve Him with all your being. —UNA.

AN APPRECIATION

It is always hard to part with old and tried friends. This has been felt to be peculiarly the case at the Provincial Royal Jubilee Hospital during the past week, when the formal leave-takings with Miss Mary Cameron Macdonald, the retiring matron, have been held. For the past ten years Miss Macdonald has occupied this position of trust with a singular felicity. It is usual for women who achieve positions of confidence and responsibility in the communities they serve to possess—sometimes in a remarkable degree—those essential gifts necessary to a right fulfillment of their office, but it is somewhat rare to find one able to combine qualities that blend the disciplinarian in the mother, the mistress in the friend, the impersonal "officer" in the loyal and single-minded servant. Miss Macdonald's long term of service has been graced by these attributes, which have endeared her to all who have come into contact with her. Innately modest and humble-minded, it has been always difficult to persuade Miss Macdonald that she herself deserved consideration, and the only times on record when she has been tempted to come out of the quiet, dutiful routine of her busy daily round have been when the credit of the hospital has been challenged, or the traditions of honor and good conduct, so dear to the Training School, have been assailed. Such happenings must, of course, inevitably occur from time to time in the annals of a large public institution, but it is a satisfaction to know that they happen at the Provincial Royal Jubilee Hospital as seldom as anywhere. This is partly due to the policy always insisted upon by those in charge, a policy of honorable confidence in all professional dealings, and of perfect kindness in all personal relations.

—The Colonist.

Miss Macdonald will rest for a time at her home in Vancouver.

Build character, and health and energy are the natural outcome. The positive qualities of the body, mind and soul are fountains from which energy flows as naturally as water from a spring.—Sheldon.

The motive for a loving nature is found in reason itself. We are all the children of one Eternal Father. The joys and griefs we inherit are virtually the same for the whole race. It is natural we should view each other in sympathy. We should deem it our highest privilege to help to lighten each other's burdens. We have found the secret of life when we frankly recognize the brotherhood of man. If those of an unloving nature would only think—I think they would find from a business standpoint that the faculty of love is a sure winner. The negative of this glorious faculty is the deadly foe to success and happiness.—A. F. Sheldon.

WINNIPEG GENERAL HOSPITAL PERSONALS

Miss F. Wilson, Lady Superintendent W. G. H., left the latter part of August for Kenora to close the Nurses' summer cottage on Coney Island.

Miss Etta Sanford, Night Supervisor, who has been touring the British Isles for the past four months, returned to her duties in September.

Miss Mabel Wilkins (Class '07) has accepted a position on the staff of the hospital at Moose Jaw, Sask.

Miss Sadie Ferguson ('12) has been appointed operating nurse in the Regina Hospital.

Sincere sympathy is extended to Miss Gertie Harris ('05) on the recent death of her sister.

Miss Edith Patten (Class '05), formerly Lady Superintendent of the Royal Inland Hospital, Kamloops, B.C., resigned her position and is leaving for California, where she will spend the winter.

Miss Helen Cameron Smith (Class '98), formerly of New York, was a visitor to Winnipeg in September.

Miss L. Schwalen ('10), who has spent the past two years in Vancouver, returned to the city and will engage in private nursing.

Miss Jean Cowie (Class '12) left early in October for Kamloops, having been appointed Night Supervisor of the Royal Inland Hospital.

Miss Olive Coad (Class '10), who has spent the past three years in British Columbia, returned to the city in September.

Miss Helen Stewart ('06) and Miss Edith Taylor ('08) have left to spend the winter in California.

NOVA SCOTIA

The Annual Meeting of the Nova Scotia Graduate Nurses' Association was held at the residence of the Victoria Hospital, Halifax. Miss Pemberton, President, was in the chair, and gave a splendid address setting forth the work done during the year, and paid a nice tribute to each of the faithful workers.

Miss Kirk read the Secretary's Report, which was received with enthusiasm.

Miss McKeil read the Treasurer's Report, which showed good results. Mrs. W. E. Struthers was made an honorary member of the Association. After the meeting a delightful reception was held, at which Miss Kirk, Superintendent of the Training School, received—assisted by Mrs. Struthers, of Toronto, who was the guest of honor. The day was unusually rainy, but despite that fact a large number showed their appreciation by being present. The tables were charmingly presided over by Mrs. Forrest, Mrs. Ross, Miss Barrington and others.

The repast and decorations were both delightful and tasteful and very much enjoyed.

Mrs. W. E. Struthers gave an illustrated address on "The Economic Value of the Public School Nurse to the Community," to the citizens of Halifax, on Thursday evening, October 2nd, 1913.

Halifax has two part time Medical Inspectors, but no follow-up work is done. The Graduate Nurses' Association was the means through which this subject was presented to the educators and townspeople, and their efforts will bear fruit, we are told, in the near future. Among those who discussed the question were Professor McKay, Dr. J. McMillan, Dr. Mader, Mrs. Mader, Rev. Mr. Ross, Archdeacon Armitage and Mr. Hewitt.

Miss Kirke has gone to Maine on a three weeks' vacation. Miss Kirke has earned a much-needed rest.

Miss Pemberton has moved to larger quarters, having entirely outgrown the old Restholm quarters. Her friends hope she may be able to accommodate the many patients who are anxious to become her guests

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THE INTERNATIONAL COUNCIL OF NURSES

"The essential idea for which the International Council of Nurses stands is self-government of Nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her."

We cannot help quoting the above from the cover of the report of the third regular meeting of the International Council of Nurses, at Cologne, in 1912, for it is essential that we all realize the spirit that actuates those who compose this great body. The next meeting is in San Francisco in 1915. Let us be ready for it in the best, the highest way!

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO.

The first meeting since July of the Central Registry Committee was held at the Registry Office, 295 Sherbourne Street, Monday, Oct. 6th, at 8 p.m., Miss Christine Mitchell, convener, in the chair. Six members were present.

Registrar's Report for July, 1913.

CALLS

Registry	131
Personal	166
Total	297

Registrary extension cases.....3

CALLS IN AUGUST

Registry	138
Personal	121
Total	259

Registry extension 1

CALLS IN SEPTEMBER

Registry	92
Personal	164
Total	256

Registry extension 1

22 applications were considered,

17 of these were accepted.

In November, 1912, we had 418 members. Since that time 137 nurses have been accepted on the Registry. At the present time we have a membership of 432, which goes to show the changes that are always taking place.

We are sorry to report the illness of two of our nurses, Miss Norris, a graduate of Jeffery Hale Hospital, Quebec; and Miss Mildred Allen, a graduate of the Toronto General Hospital. Both have undergone serious operations, and we are pleased to report are on a fair way to recovery.

FINANCIAL STATEMENT

Fees received in July	$280.00
From sale of Charts	7.06
	$287.06
Disbursements in July	$174.70
Fees received in August	$150.00
From sale of Charts	7.00
	$157.00
Disbursements in August	$137.60
Fees received in September	$145.00
From sale of Charts	5.50
	$150.50
Disbursements in September	$158.50
Balance in savings account.....	$1,424.02
Balance in current account	131.07
Total	$1,555.09

We must have faith in ourselves, in our work, in the mission and purpose of our lives, if we expect to do our best or reach the highest success. Faith is the steam power of individual effort, it is the source of our industry and perseverance.—A. F. Sheldon.

Serenity of mind comes easy to some, and hard to others. It can be taught and learned. We ought to have teachers who are able to educate us in this department of our natures quite as much as in music or art. Think of a school or classes for training men and women to carry themselves serenely amid all the trials that beset them.

That exquisite poise of character which we call serenity is the last lesson of culture; it is the flowering of life, the fruitage of the soul. It is precious as wisdom, more to be desired than gold—yea, than even fine gold. How insignificant mere money-seeking looks in comparison with a serene life—a life that dwells in the ocean of Truth, beneath the waves, beyond the reach of tempests, in the Eternal Calm.

Editorial

CHARITIES AND CORRECTIONS

The fourteenth annual meeting of the Canadian Conference of Charities and Corrections was held in Winnipeg on Sept. 15, 16 and 17. Many excellent papers were given on the great social problems of modern life, but the striking and dominant note was the cry for preventive work among children. Save the children from poverty, delinquency and crime, educate and train the child for its position in the community; train it in self-reliance, sturdy independence and a love of labor; train the child in right habits of life, and the social problems of the nation will rapidly be eliminated. Humanitarian care of the social outcast, the adult criminal, the pervert, the insane, and the feeble-minded is necessary and commendable, but work along the lines of prevention will always give a rosier promise than efforts along the lines of reformation. And reformation always costs more in the final analysis than prevention.

Controller J. O. McCarthy was elected President for the ensuing year. The next annual meeting will be held in Toronto in 1914.

PUBLIC HEALTH

The third annual meeting of the Canadian Public Health Association has come and gone. Those who attended the Regina meeting came away cheered by the knowledge of the many things that are being done to protect public health, but also impressed by the urgent need of improvement in our environments, better housing conditions, improved methods in sanitation, and more hygienic conditions in our home and community life. The modern tendency in large centres to mass together, especially in the poorer quarters of a city, greatly increases the difficulties of handling the big problems that mean health and protection from disease. And the sudden and rapid increase in real estate makes it almost impossible to obtain sufficient breathing spaces for the people of the down-town districts. It is to be hoped every growing village and town in this rapidly expanding country will make ample provision for parks in its central districts. The next congress will be held in Port Arthur and Fort William in 1914.

CHILD HYGIENE

To those who had the privilege of attending the Fourth International Congress of Child Hygiene, at Buffalo, September 25th to 30th, 1913, an impulse was given to go back to their fields of labor feeling that it was good to be alive. The child and his needs and how best to provide for them was the keynote of the conference. Able men and women from all parts of the world were there to show that the interest is a world-wide one at the present moment. The public welfare must be guarded and no little interest was displayed by those whose lives are given to public service under one organization or another. One point, possibly more than any other that was brought out, was the educational side of health and hygiene. Everyone admitted that children must be taught the laws of health and not wait until disease strikes him. The exhibit of statistics and plans for health measures was unusually good. It was no visionary picture, but a real one to be seen with the eye. One could not see the opportunities without a feeling of doubling one's effort to make our own city one of the foremost in health in this great land.

The Nurses of the Department of Public Health in Toronto met four times during the past year, at the supper hour in the Graduate Nurses' Club. At the meeting in February, Miss Dyke, Superintendent of the Nurses, sketched the history of the development of Public Health Nursing. In March, Miss Janet Neilson told the story of the development of District and Public Health Nursing in Toronto, and Miss Minaker Keys, B.A., statistician and social worker of the Department indicated the relationship of the Nurses' work to the broader phases of public welfare. In April, a nurse chosen from each division sketched her day's work—Miss Dorothy Farncomb spoke for the Tuberculosis Division, Miss Ada Ballantyne for the Child Welfare, and Miss Jessie Woods for the Measles Division. At the final meeting, in May, Chas. J. Hastings, M.D., Medical Officer of Health, discussed the importance of the nurse in municipal work, and following his suggestion a committee was formed to outline a plan of organization.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

Miss Bryce, member of Dr. Grenfell's staff in Labrador, gives this interesting account of some of her experiences:

"Last winter was terribly cold and stormy and we had a very bad epidemic of pneumonia. Hardly a day passed without one or two calls for the doctor, and in Griquet, about fifteen miles away, everyone seemed to be ill. Dr. Grenfell finally decided to send me there till the worst was over, so I packed my belongings in a sailcloth bag and started off. One of the doctors came with me and we had a glorious drive with a good team of dogs. The snow was drifting quite badly on the hills, and we were like large icicles when we reached our destination, a fisherman's house in Griquet. The people are most hospitable, and my host and his young wife certainly made me welcome. After a "mug up," which in Newfoundland dialect means a light meal, the doctor and I made rounds on the worst cases, and he left orders and suggestions and a good supply of medicines. It was rather trying to see him leave later on and know I was the only person with any medical knowledge for a good many miles. The news soon spread that the

nurse had arrived. and it was exciting to sit in the kitchen—generally with a baby on my knee—and hear the knock on the door which always preceded the request for "the sister." Then I would be told that "my woman" or "my man" or "the baby," as the case might be, was "took wonderful bad," and after struggling into my sailcloth outfit and filling my quite capacious pockets with drugs, plasters and my invaluable case of instruments, we would set off. Usually my visitors brought a Romatik and team—either their own or borrowed for the occasion—and I had many fine "Gandys," though as we indulged in

On our way to Griquet.

a good deal of "oneivil" weather, some of them were remarkably cold. And when I arrived at my patients' houses I had first to thaw out, which is quite painful. Most of the cases were pneumonia and very sick, and it was hard to give proper treatment in a small kitchen which your patient shared with, frequently, a calf, some hens, and nearly always a seal thawing out before the fire. The neighbors also always insisted on being present, and were much impressed when a temperature was taken. Fortunately everyone recovered, and before I left I was kept busy, as nearly everyone asked me to tea, and after

some delicious home-made bread and fried seal we would sit around the stove knitting, while the men mended nets and told stories. I was terribly sorry to leave when there was no longer any need of my services. But it was certainly good to get home to a furnace-heated hospital, an unlimited water supply, and last but not least, the two nurses and the doctors.

The first regular meeting of the Executive for the autumn was held at the Club House, 295 Sherbourne St., Toronto, on September 25th, at 3 p.m. Eight members were present.

The President reported that information had been sent in response

Uncle Joe, our policeman, and a small patient.

to 31 letters of inquiry, and that the advertisements in the church papers had called forth the most responses. A copy of "Opportunities in the Field of Nursing," in addition to the specially prepared pamphlet, was sent to each enquirer.

The Executive decided to get 100 copies of "Opportunities in the Field of Nursing" for further careful distribution.

The treasurer will be glad to receive fees for 1913-14 at an early date. Prompt attention to this facilitates her work.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Ave., Toronto; First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford ; Second Vice-President, Miss G. A. Read, 156 John St., London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby St., Toronto. Directors: Mrs. W. G. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Pafford, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Misss Bessie Sadler, 100 Grant Avenue.

The regular monthly meeting of the Alumnae was held in the Nurses' Residence on October 7th, at 3 p.m.

It was agreed to improve the meetings, in order to interest junior nurses.

At the November meeting the advisability of raising the nurses' fees will be discussed.

Miss Grant is visiting her sister, Mrs. (Dr.) Moise, at Ogden, Utah, and will spend the winter there.

Miss Van Velzer has returned to the city after an absence of two years to resume her professional duties.

Miss Lanaway has accepted a position as Lady Superintendent and also charge of the operating room in a private hospital in Cleveland.

Miss Ada Walker, who was visiting in the city this summer, has returned to the Northwest, where she has charge of a Victorian O. Hospital.

Miss Dennis has just returned from a delightful trip through the Northwest

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Eighteenth Annual Meeting of The Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms, 112 Mansfield street, on Tuesday afternoon, October 7th, at 3.30—Miss Phillips in the chair.

There were forty-four nurses present, and it was a keen disappointment to all that the Rev. Dr. Bruce Taylor was unable to open the meeting, as had been arranged.

The business of the afternoon was proceeded with—minutes of the May Meeting were read and adopted, also reports of Secretary-Treasurer and Registrar. The former showed how the work was growing, both in that pertaining to the ordinary running of its machinery, and its ever increasing outside connections. In November it was decided to install a card filing system in order that proper records might be kept of the members and the work done. In February it was agreed to merge the offices of Secretary and Treasurer. Referring to the growth of the Association it is interesting to note the difference between our first and this our eighteenth year. In 1895 we began with a membership of about twenty; receipts $63, with small fund in bank, and expenditure $18.67 outside Registrar's salary—putting that against the year just closed with membership of 286; receipts $2,060;

balance in bank of $869; and expenditure of $1,928.42—will give some idea of what the growth means.

During the year we have lost three members by death, and, with the exception of our Founder, our oldest friend in the person of Mr. Kirkpatrick. He ever took a keen interest in all that concerned the Association, and followed with pleasure its growth and development.

The Registrar's Report showed an increase in all branches of the work. Registrations numbered 1,587; cases attended to 1,375.

Two members have had to give up their work owing to illness; eight have gone West, and seven have married.

The election of officers resulted as follows:—

Miss Phillips unanimously re-elected President.

Miss Dunlop—First Vice-President.

Miss Colley—Second Vice-President.

Miss DesBrisay—Secretary-Treasurer.

Board of Directors:

Misses Mauby. Fisk, McBride, F. Campbell, S. Fraser, L. White, Fortescue, McBeath, Hill, M. Welch, Bullock, Louise Stewart, F. Thomson, Corbett, Barnard, Mrs. Petrie.

Miss Colley was given a warm welcome after her long absence abroad, and told us something of what she had seen.

The question of a Club House was discussed, and the hope expressed that sometime ere long the idea might be realized.

The meeting then adjourned and the President called a meeting of the new committee to arrange the winter's work.

Helen A. DesBrisay,
Sec.-Treas.

VICTORIAN ORDER OF NURSES

In connection with the Rural District Nursing work of the Victorian Order, committees have been organized, during the past month, at Uno Park, Ontario; Roblin and Ashearn, Manitoba. Districts at those places will be opened very soon with one nurse in each, but each committee is to work towards having a small Nursing Home, with two nurses and accommodation for two or three patients.

These homes will be little educational centres as well as nursing centres, and from them school nurses for the rural schools will be provided.

The Chief Superintendent, during her Western tour, is paying special attention to the organizing of country districts, and will be very glad to hear of places where the need for nurses is great, so that immediate steps may be taken to reach all parts, where there is this need. Owing to the Fund, raised recently by Her Royal Highness, the Duchess of Connaught, the Order is able to help new country branches financially, if necessary, and it is expected that before very long so many of these little distributing centres will have been opened that there will be very few people in this broad Dominion who are not within reasonable reach of a fully trained nurse.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset street, Ottawa, or to one of the District Superintendents at 206 Spadina avenue, Toronto, Ont.; 46 Bishop street, Montreal, Que.; or 1300 Venables street, Vancouver, B.C.

HOSPITALS AND NURSES.

Miss Felter, who has charge of the operating department, Royal Victoria Hospital, Montreal, Miss Hall and Miss Freeland, Graduates R.V.H., have just returned from a delightful summer holiday spent in Britain.

Miss Victoria Crant, Graduate of Winnipeg General Hospital, has taken charge of the hospital at Port Alberni, B.C.

The Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service announces the following transfers to stations abroad: Miss C. M. Hodson to Gibraltar, from Hounslow; Miss M. A. McCabe to Hong Kong, from York; Miss K. Lowe to Hong Kong, from London.

Miss Hazel Wallace, Graduate of Toronto General Hospital, has accepted a position in the Good Samaritan Hospital, Dawson, Yukon.

Miss Laura Gamble, Graduate of Toronto General Hospital, has gone to take a position in Cobalt Mines Hospital, Cobalt, Ont. Miss Margaret Telfer, Graduate of Toronto General Hospital, has had a position in Cobalt Mines Hospital since April, 1913.

Miss Macfarlane, Graduate of Toronto General Hospital, Class '01, is Night Supervisor at the Hospital of the Good Samaritan, Los Angeles, Cal.

A new hospital of 25 beds has been opened at Powel River, B.C.

The opening meeting for this season of the Montreal General Hospital Alumnae Association was held Friday, September 12th, in the hospital. Dr. Elder gave a most interesting lecture on the Medical Congress and his trip to London.

Miss Kate Brock, M. G. H. Class '05, has accepted the position of Superintendent of Lachine Hospital.

Miss Winnifred Sare, M. G. H. Class '08, has returned to Montreal after spending a two months' holiday in England.

Miss Dorothy Hadriel, M. G. H. Class '10, has gone to Vancouver, B.C., and intends doing private nursing there.

The Graduating Exercises of the Training School for Nurses in connection with the Grey Nuns' Hospital, Regina, Sask., were held in the City Hall on August 19, 1913. Mayor Martin occupied the chair, Mrs. Martin presented the medals and bouquets, and Lieutenant-Governor Brown presented the Diplomas. Bishop Mathieu addressed the Graduates, giving them timely advice and earnest counsel which they will always remember.

Dr. Corbett and Dr. Morrison also gave brief addresses.

The Graduates were: Misses White, Walker, Dickie, Diabold, Simon, and Berger.

A new feature at the Vancouver Annual Exhibition is the Child's Welfare Department, organized by the Local Council of Women. The exhibit is small as yet, but it promises greater things in years to come.

A contrast between the clean, tidy home and the unclean home is shown by two cleverly arranged houses. The right and wrong way of dressing children is shown by doll models dressed according to the Russian, old English and modern hygenic methods. Clever poster lectures done by Mrs. G. T. Gilpin set forth the dangers of defective teeth, the lack of proper playgrounds, the value of home training, etc., very clearly.

Another stall before which the visitor is compelled to halt is that conducted by the Anti-Tubereulosis Auxiliary. For the first time in Vancouver a tubereulosis exhibit is shown. The exhibit was brought from Providenee, R.I. Flash pictures show the public drinking fountain, with the clean and the unelean, using the same cup; the clean, well ventilated home, and its opposite; the neeessity for fresh air, healthful sleeping porches, etc. Illustrated poster lectures further explain the nature of tubereulosis, its spread and prevention. From the number of earnest inquiries which greeted the attendants it would seem that the exhibit is doing a great deal of educational work.

The evening of Wednesday, August 13th, 1913, will long be remembered by all who took part in the first Graduating Exereises in connection with the General Hospital, Oshawa, Ont. The date was the anniversary of the opening of the hospital three years before. The Assembly Hall of the high school, where the exereises were held, was tastefully decorated, and a large gathering of interested people honored the Graduates.

Mr. J. D. Storie, President of the Board of Governors, presided. Rev. George Yule offered the Invocation.

Dr. F. N. G. Starr, of Toronto, addressed the Graduates, giving them much helpful, timely advice, in his own interesting, sympathetie way.

Miss MacWilliams, the Superintendent, then administered the Florence Nightingale Pledge to the Graduates—Misses Margaret E. Seeling, Gladys E. Vernon, and Daphne E. Drew.

Mr. Storie presented the diplomas, and with each a bouquet of roses. Mrs. R. S. McLaughlin, President of the Ladies' Auxiliary, presented the class pins and another bouquet of roses to each Graduate. The presentation of prizes followed. The Dr. James F. W. Ross Scholarship of $50.00 in gold, donated by Mrs. Ross, was presented by Dr. Hoig to Miss Seeling for highest standing in general proficiency.

The W. F. Eaton prize—a pearl monogram pin specially designed —was presented by Mr. Eaton to Miss Seeling for highest marks in written examination.

The Morphy Scholarship—$25.00 in gold—was presented by Mrs. Morphy to Miss Vernon for highest marks in practical work.

The Robert Williams prize—a gold bracelet watch—was presented

by Mrs. Williams to Miss Drew for highest marks in oral examination. Miss Seeling won the prizes for highest standing in Children's Diseases and Bacteriology in addition. Miss Vernon was presented with an amethyst pin set with pearls by Mrs. Stewart Storie for highest standing in charting. Others won by her were Dr. Walker's prize for highest marks in First Aid, and Dr. Belt's prize for highest marks in Materia Medica.

Mrs. R. B. Hamilton, of Toronto, presented her specially designed monogram pin to Miss Drew for neatness. Miss Drew also received the Superintendent's prize for highest standing in Obstetrics and Dr. Rundel's prize for highest marks in Medicine.

Mr. John Cowan's Scholarship of $25.00 in gold for highest marks in second year was awarded to Miss Annie Scott.

Miss Marion Gibson and Mrs. Davis sang solos which were much enjoyed.

At the close of the exercises, the happy Graduates were showered with congratulations by their many friends.

Collingwood:—On Thursday afternoon, September 18th, 1913, the corner stone of the "Ann Long" memorial Nurses' Residence, which has been donated to the General & Marine Hospital here, was laid. Mr. H. T. Telfer, Chairman of the Board of Trustees, delivered an address and presented Mr. Long with a silver trowel, suitably engraved, with which to perform the ceremony. Addresses were also given by Mr. Long, Mayor Gilpin, the President of the Medical Association and the Clergy of the town. After singing the National Anthem the people adjourned to the Board room of the hospital and were entertained by the lady managers. The new building, which will cost $8,500, will be a handsome two-storey brick structure, and will have accommodation for the Lady Superintendent of the Hospital and fifteen nurses.

Miss Morton, Superintendent of the G. & M. Hospital, has returned after spending her holiday at her home in Bradford and other places.

Miss Ella Baker, Class '06, Superintendent of the Anna Turnbull, Wakan, Sask., was home for a two months' holiday, after being away for three years.

Miss L. Sutherland, Class '11, Surgical Nurse at St. Catharines, spent her holiday at Bradford and Collingwood.

Miss Mary H. Hamer, Zanesville, Ohio, Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged to take charge of the Mechanical Department at Spencer Sanitarium, Winston-Salem, N.C.

Miss Minna Schmidt, Jacksonville, Fla., Graduate of the City Hospital, Erfurt, Germany, Supervising Nurse at Royal University Hospital, Halle, Germany, also a graduate of the Penna. Orthopaedic

Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged as Superintendent at White Sulphur Springs, W. Va.

Miss Jean A. Harrison, R.N., Maccan, Nova Scotia, Graduate of Whidden Memorial Hospital, Everett, Mass., and a Post Graduate of Bellevue Hospital, N.Y., and Alexandra Hospital, Montreal, Canada, also a Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged by the Mechanical Department at White Sulphur Springs, W. Va.

Miss Delia V. Keatley, Sheguiandah, Canada, Graduate of Wright Memorial Hospital, Fergus Falls, Minn., also a Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged by the Mechanical Department at White Sulphur Springs, W. Va.

The new wings of the Winnipeg General Hospital were opened for public inspection on September 28th. These buildings, erected at a cost of nearly $700,000, make the bed capacity of the hospital 478, the second largest in Canada. It is, however, second to none in point of arrangement and equipment, the new departments placing it among the best on the continent.

The members of the Victoria Nurses' Club held their usual monthly meeting on September 18th, at the Alexandra Club, with the President, Miss E. H. Jones, in the chair. There was a good attendance of members, who spent a pleasant and instructive afternoon listening to an address on "Nursing of Nervous Diseases and the Insane," which was given by one of the city practitioners.

The annual bazaar to help swell the funds of the Toronto Graduate Nurses' club will be held at the Club House on Wednesday, November 26th. Friends are requested to send donations by that date to the Club House.

As a change from the usual "doing" at the Club, ante-nuptial affairs have been on order. Early in September a charming tea was given by the nurses of the Public Health Department in honor of Miss Mina Keyes, who has endeared herself to all her associates during her connection with the department. A humorous address was read by Miss Neilson, and Miss Fry, on behalf of the staff, presented Miss Keyes with a Brown Betty and silver tea set. Her marriage to Rev. Bradly, of Alberta, took place at Victoria College Chapel in September 20th, after which a dejeuner was served at the Club, about a dozen intimate friends being present.

The matrimonial bee is busy. On Friday, September 26th, the Directors of the Club entertained in honor of Miss Brent, the President, who looked charming in white charmeuse and shadow lace. She wore a diamond and platinum pendant, the gift of the Medical Staff of the hospital. Miss Mathieson and Miss Christie received with her. The

tea-room was in charge of four pupil nurses from the Hospital for Sick Children, who were most attentive to the large number who availed themselves of the opportunity of wishing Miss Brent every happiness in her new life.

Miss Johnson, of Richmond, Va., who has been in Toronto doing post-graduate work in school nursing, was a guest of the Club. Miss Griffith, V.O.N., of Cobalt, was a guest during her holidays.

The resignation of her position as Superintendent of the Provincial Royal Jubilee Hospital, Victoria, B.C., by Miss M. Cameron Macdonald, called forth many expressions of appreciation of her work, and was made the occasion of many interesting functions.

The pupil nurses presented Miss Macdonald with an address, and a solid silver jewel case suitably engraved. The Medical Staff presented an address and a purse of gold, and the Hospital Board presented a beautifully illuminated address and a handsome bracelet watch.

Do your duty, and do not trouble yourself whether it is in the cold or by a good fire.—Marcus Aurelius.

Do not look on your work as a dull duty. If you choose you can make it interesting. Throw your heart into it . . . . even if at first you find this impossible, if for a time it seems mere drudgery, this may be just what you require; it may be good, like mountain air, to brace up your character.—Lord Avebury.

YOUR CHARACTER.

Build it well, whate'er you do,
Build it straight and strong and true;
Build it clear and high and broad,
Build it for the eye of God.

HOW TO BESTOW KINDNESS AND CHARITY.

1. By a smile, by a bright and sympathetic countenance. This can be bestowed on servants and everyone, where no words need be uttered. To do so when low and out of humor will be a splendid exercise in the practice of killing my self-love—the thing I am asking for perhaps a hundred times a day.

2. By thinking what pleasant and encouraging thing I can say to So-and-So, who has just come to interrupt me, and saying it.

3. By avoiding any sarcastic remark, any cold and chilling reception of another's remark, any morose sign of displeasure or ill-humor. —Life of Cardinal Vaughan.

Honor does not wound the feelings of others. Ridicule does, and ridicule is a mild sort of persecution. It is not common courtesy to ridicule others, much less Christian charity.

1. Tenderness.—Let us never judge others. Christ healed without asking questions.

2. Patience.—Jesus was patient at all times, and we have need of infinite patience.

3. Sacrifice of Self.—If we put first our own comfort or pleasure we cannot walk in the path of sacrifice pointed to by Christ, Who always considered the Will of God.

4. Triumphant Optimism, which Christ displayed in the case of the dying thief who had lived in sin to the hour of death. Think of Christ's words: "To-day thou shalt be with Me in paradise." We must never lose hope for those who are saturated in sin and evil.

5. Love.—Faith will help, hope will help, but love is chief. We must love as Jesus loved, we must give our lives as He gave His life.

The Dynamic.—The Christian ideal takes cognizance of this fact that Jesus is not dead. He is with us as the risen Christ. He still ministers to the suffering.

THE GROUCHES OF A GRAD—SADIE AND SOME OLYMPIANS

By Rene Norcross, Victoria, B.C.

The entertainment committee of the Metropolitan Hospital Alumnae decided to make the regular mid-summer dance a fancy dress affair this year, and everybody was pleased. We grads. always spread ourselves a bit over the mid-summer dance, and make a point of asking a limited number of the girls in training. It helps to make them buck up on their lectures, so that they can graduate and belong to the alumnae themselves.

Sadie—Sadie and I batch together in two rooms and a kitchenette when we are not out doing the ministering angel act—was on a case when the committee meeting was held, but I had the news all ready for her when she came in a couple of days later. Also I had some lovely oyster stew ready for her—we do light house-keeping with a gas-ring and a large granite spoon—but the moment I mentioned the fancy dress ball she flew into such a rage that I knew she would never appreciate it, and was sorry I had taken all that trouble. Sadie said she was sorry, too, and she had barely tasted it.

"Of course I am not going to force my cooking on you," I said coldly.

"No, you are certainly not," Sadie answered acidly. She was pulling off her uniform and pitching it all about our mutual bedroom. "Why didn't the committee think of my glasses?" she demanded, furiously. "How can I wear fancy dress along with pince-nez, and they know perfectly well I can't leave them off. Nice I'd look going as—as—Britannia, for instance, in gold-rimmed glasses. Of all the stupid, selfish—"

"You haven't the right kind of features for Brittania in any case," I said, soothingly. "Nobody ever saw Brittania with a snu—retrousee nose." I had burnt myself twice over that stew.

"Didn't someone write something somewhere about a girl in a college-gown and mortar-board—a Greek goddess or something?" Sadie demanded, abruptly, pausing half-way into her kimona to glower anxiously at me.

Sadie is one of those practical geniuses who can shut themselves up for twenty-four hours with a sewing machine and seven dollars' worth of assorted remnants and a mouthful of pins, and emerge on the evening of the second day with a thirty dollar opera cloak, but when it comes to books, even the lightest fiction, she—well, she would rather have a case of smallpox—or twins. I was about to tell her that if she had read my "Mythology," instead of propping up the window with it, she would not suppose that any Greek goddess ever abandoned her favorite costume of atmospheric tints for a clumsy college gown and mortar board. But I remembered my slighted stew.

"It would probably be a goddess," I agreed, thoughtfully; "they were up to all sorts of dodges."

"Then why shouldn't I go as she?" Sadie asked with a blending of hope and uneasiness. She knows her weak point and always looks to me to post her on literary matters.

"Why not?" I echoed; pleasantly. "The question is, which was she?"

"I thought you'd know that," said Sadie, resentfully; "I don't have all their silly names at my tongue's end like you. It's got to be the mortar-board one so she won't clash with my glasses."

"U-um. I'm afraid I don't just remember the mortar-board one. Unless it was Minerva, the goddess of wisdom."

"No thanks," said Sadie, hastily. "not if I've got to look the part."

"Oh, very well, help yourself," I answered stiffly.

Sadie frowned at the toes of her muddy boots for a while in silence.

"Wasn't there one who came up out of the water—not a mermaid exactly—that wouldn't do at a dance—"

"I suppose not," I said coldly.

"I remember now, she was dressed in sea-foam," Sadie continued.

"That would hardly do at a dance, either," I commented.

"Now with green silk for the waves and white chiffon for the foam," Sadie went on, her eyes shining. "I'll—"

"Oh no, you won't," I interrupted decidedly. "That's Aphrodite you've got hold of."

"Well, what's wrong with her?" demanded Sadie.

"I'd rather not go into particulars, but she was most—well, we'll call it flighty. Quite impossible."

"Bother, just when I'd a dress planned out for next to nothing," said Sadie dismally. She had momentarily forgotten the spectacles and consequent mortar-board.

"What about that one I saw in a picture the other day, carrying a lot of daffodils? She looked nice."

"She was nice too," I agreed mildly, "but she wouldn't do for you, dear."

"Why?" Sadie demanded belligerently.

"Well, you know how you hate house-work," I said carefully, "and Persephone was kept going the whole time, doing her mother's chores for half the year, and catching up on her husband's mending the other half. The poor thing simply never got a minute to herself."

"I don't see that that needs to interfere if she was alright every other way," Sadie said, eyeing me with some suspicion.

"Oh, very well, if you like to go to a ball carrying a broom and a dish-cloth," I yawned. "I happen to know a little more about these people than you do, but if you don't care for my—"

(Continued in December issue).

THE NURSES' LIBRARY

"The Friendship of Nations;" by Lucile Gulliver, A.M., with a foreword by David Starr Jordan, LL.D. While this work does not belong technically to the Nurse's Library, yet it deals with a subject in which nurses as citizens take a deep interest. School nurses particularly would be interested in this work.

"Medical Electricity and Light;" an elementary text-book for nurses; by Ettie Sayer, M.B., B.S. (Lond.), with ten plates and thirty-three diagrams in the text. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London, W.C., England. This work seeks to supply the nurse who wishes to take charge of electrical apparatus and administer routine treatment under the medical practitioner, with the information that will make her work intelligent and efficient.

"Massage—Its Principles and Technic;" by Max Bohm, M.D., of Berlin, Germany; edited, with an introduction, by Charles F. Painter, M.D., Professor of Orthopedic Surgery at Tufts Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.75 net.

The J. F. Hartz Co., Ltd., Toronto, sole Canadian agents.

This work, translated from the German, bears the stamp of thoroughness and is splendidly illustrated. The beneficial effect of massage is much appreciated by the Germans, who have many institutions where patients may be treated.

"Hygiene of the Nursery," including the general regimen and feeding of infants and children; massage, and the domestic management of the ordinary emergencies of early life; by Louis Starr, M.D., LL.D. Eighth Edition with 26 illustrations; price $1.00 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The normal development of the healthy child and how to care for him properly are here fully and clearly discussed. The chapter on foods is very valuable.

"Manual of Medicine for Nurses and Housemothers;" by George H. Hoxie, G.M., M.D., Physician to the German Hospital, Kansas City, Mo., and Pearl L. Lapted, formerly Principal of the Training School for Nurses of the University of Kansas. Second eddition, rewritten and enlarged. Twelve mo. of 351 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth $1.50 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

This volume seeks to enable those who care for the sick in the home to do so intelligently.

The author says: "Nursing as a profession is just finding its field and its limitations; and if this book shall help some few nurses to find more easily their niches—and help them to fill them more completely—the author will feel repaid for his labor."

"Hygiene and Sanitation." A text-book for nurses, by George

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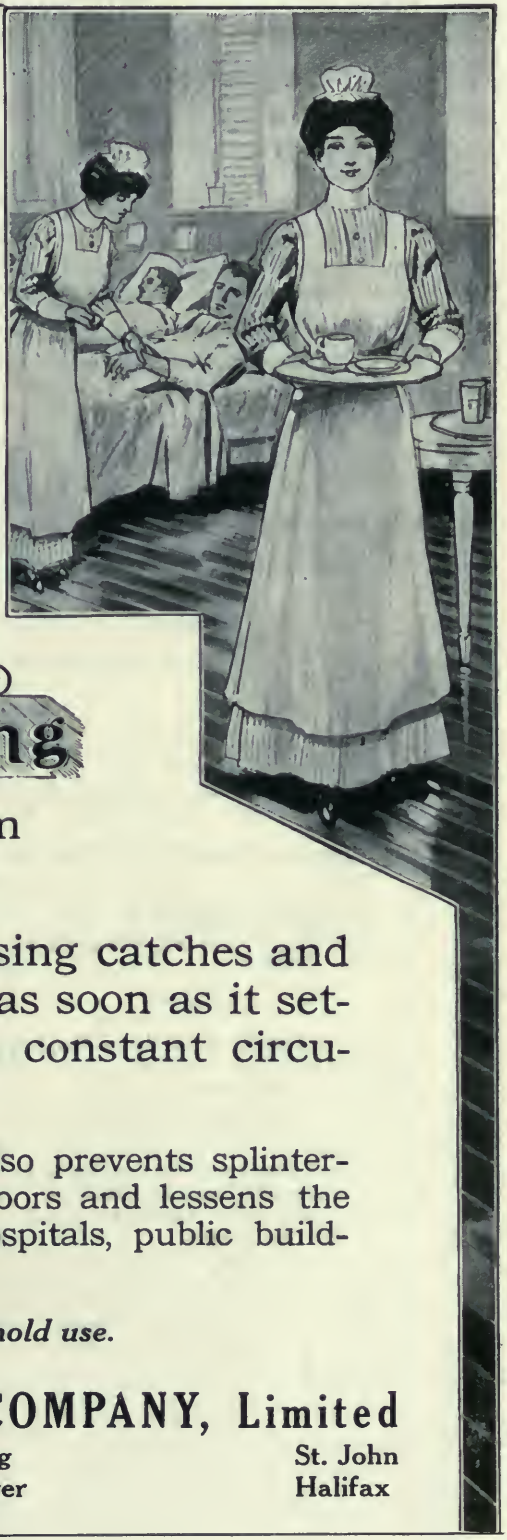

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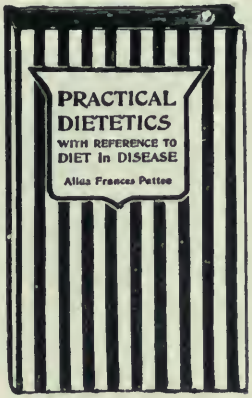

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GOODSON—BRENT.—At St. Augustine's Church, Toronto, on October 1st, 1913, by Rev. Canon Plummer, Miss Louise C. Brent, superintendent of the Hospital for Sick Children, Toronto, to Mr. William Usher Goodson, of Chicago.

COMPLIN—DE COU.—At Strathroy, Ont., on September 3rd, 1913, Miss S. S. De Cou, graduate of Royal Victoria Hospital, Montreal, Class '12, to Montague Complin, Esq., of Bawlf, Alta.

OLVER—ANDERSON.—At Lunenburg, N.S., on September 5th, 1913, Miss Lena Cossenan Anderson, graduate of Montreal General Hospital, Class '11, to Dr. John James Olver, of Smith's Falls, Ont.

CHURCHILL—BLAIR.—At Franklin Centre, Quebec, Miss Cora Blair, graduate of Montreal General Hospital, Class '05, to Major William A. Churchill, Covey Hill, Que.

RAY—HATCH.—On September 15th, 1913, at 252 Russell Hill Road, Toronto, by Rev. Dr. Law, Nellie Gertrude Hatch, graduate of Toronto General Hospital, Class '04, to Hugh Percy Ray, of Niagara Falls, Ont.

BOYD—GRIER.—On May 7th, 1913, in Regina, Sask., Miss Nathalie Grier, graduate of Toronto General Hospital, to Mr. William Boyd.

JENKINS—FERGUSON.—In St. Paul's Church, Toronto, on September 20th, 1913, by Ven. Archdeacon Cody, Miss Isabel W. Fergusson, of St. Patrick's, Granada, B. W. I., to Mr. George Jenkins, of Montreal. Mrs. Jenkins is a graduate of Toronto General Hospital, Class '10, and has been a very active worker in her alumnae, and also as chairman of the Central Registry Committee. The best wishes of her sister nurses go with Mrs. Jenkins to her new home in Montreal.

THE CANADIAN NURSE

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SOME REMARKS ON THE TECHNIQUE OF THE MODERN TONSIL OPERATION, AND THE POST-OPERATIVE TREATMENT

By Gilbert Royce, B.A., M.B.

The increasing frequency of operations on the tonsil has made it compulsory for every nurse to have an intelligent knowledge of the operation itself, and the precautions that should be taken afterwards in safeguarding the patient from complications. Not many years ago, a much more simple, but less efficient, operation was done, and the services of a nurse were considered more of a luxury than a necessity. It was then looked upon by the surgeons as a trivial and minor operation, and merely consisted in the amputation of that part of the tonsil which projected into the throat, or which could be encircled by the loop of an ordinary tonsillotome. This method left a comparatively small wound, but also left the most troublesome part of the tonsil—the part covered by the anterior and posterior folds or pillars.

Recurrences of trouble following this operation were frequent; so that to-day more radical measures have been instituted with a view to removing the buried portion referred to. In many cases the tonsils are completely buried behind the pillars, and often as a result of past inflammations adherent to them. These "buried" tonsils often show infected crevices or crypts in their interior so that while they may be insignificant in size, they frequently contain masses of infective material which is absorbed into the system.

The main idea in the operation as performed to-day consists in loosening the tonsil from the pillars which surround it, so that the tonsil moves freely in its bed, or gives one the impression that the tonsillar mass remains attached by a pedicle or stem, rather than by a broad base. If the tonsil is now seized with a pair of forceps and drawn out of its cavity, a whitish glistening membrane can be seen surrounding that part of it which up till now has remained hidden. This is called the capsule of the tonsil. This surrounding capsule enables us to strip out or enucleate the whole tonsillar mass intact, with the exception of the pedicle-like attachment above referred to. If the loop of a tonsillotome, or, better, a tonsil snare, be passed over the tonsil, the entire mass can be cut or squeezed off. The pillars are

thus left intact and there is now a smooth cavity formerly filled with the tonsillar mass. In this method there is apt to be more or less bleeding from vessels severed in the deeper parts of the cavity. However, if the tonsil has been stripped out rather than dissected out, and the wire snare is used. we are less likely to have hemorrhage as a complication.

Now what assistance can a nurse render the operator in this technical procedure, because rapidity as well as accuracy on the part of the surgeon is necessary, and everything must be gotten ready with a view to this? The surgeon stands on the right of the patient as he lies upon the table; a large dish, or catchbasin, should be elevated high enough to allow the flap or apron of a Kelly pad or an improvised pad made of rolled newspapers, or a rolled oilcloth to project and hang into the basin. The instruments are laid out and well separated on a sterilized towel close to the operator's left hand, so that he can rapidly pick up any instrument desired. Half a dozen sponge forceps, armed with sponges the size of a walnut, made from absorbent gauze or cotton, should be included among the instruments. Of course the usual care regarding cleanliness and asepses should be observed, and we might add, as it is necessary to roll the patient onto the side from time to time, it is better not to merely cover with a protective sheet, but to roll the same tightly around the body, so as to confine the arms and legs. The nurse should be prepared to sponge the interior of the throat when required to do so; she should also have a quart jug of very cold water, iced if possible, with which to douche the face and neck. This acts reflexly, contracting the vessels and lessening the hemorrhage as well as stimulating the patient. After the operation the patient is best kept face downwards so that the blood will flow out of the mouth instead of back into the pharynx, where it invariably finds its way to the stomach. The nurse should remember that considerable hemorrhage can go on without any external evidence, if the patient is allowed to lie upon the back. Prolonged spitting of bright red blood should be reported as well as repeated vomitting of bright red blood material, for this means that there is a vessel which is still oozing.

In cases of post-operative bleeding following tonsillectomy, the attending nurse should notify the surgeon as soon as possible; on her own responsibility she can apply a cracked ice compress about the throat, she might even inspect the interior of the throat and should see the side from which the blood is oozing. It is an easy matter for her to insert into the tonsil cavity, with her fingers or a sponge forceps, pad of cotton or gauze, dry, or soaked in adrenalin, and to hold it there tightly, using counter pressure on the outside with the other hand if possible, until the arrival of the surgeon. Five or six days following the

excision of the tonsils a white membrane covers the denuded surface.

No spraying of the throat should be done unless ordered by the attending surgeon, as it may induce bleeding; nor should anything but cold liquids or soft foods (ice water, iced milk, ice cream, cold jellies, etc.,) be given for the first twenty-four or forty-eight hours.

Should there be a foetid odor to the breath with the formation of excessive quantities of mucus in the throat an antiseptic spray such a Dobell's solution or irrigations with solutions of soda borax and salt may be necessary.

BIOGRAPHICAL SKETCH OF FLORENCE NIGHTINGALE

To write of one who has but recently passed away, whose living presence is, so to speak, still hovering over us, is no easy task.

In writing her life, we shall try and bring before use the lesson she has taught, that there is work to our hand if we will but see it, work of the very highest order, the caring for that "temple of the living God," the human body, which Christ took upon Himself and thereby sanctified and honored, or as someone has said,

"Cherish your body, for God made it great,
It holds a guest of might and high estate,
Keep the shrine holy, handsome, high and whole,
For in it lives God's guest—a kingly soul."

At her country's call she left her beautiful home to succor and to help—as only she could do—the brave men who were dying for that country—hers and theirs. Her work done, she went home again. Since then her voice has been heard, her spirit has been felt, and will continue to be felt amongst us from generation to generation.

Florence Nightingale was born in Florence, Italy, in 1820. From her earliest years her strong love of nature and animals manifested itself. Her games too were characteristic, for her great delight was to nurse and bandage her dolls. Her first living patient was a shepherd's dog. From tending animals she passed to human beings, and wherever there was sorrow or suffering, she was sure to be found. Her most ardent desire was to use her talents for the benefit of humanity.

She had a natural shrinking from society; and though her social position necessitated her appearance at Court, her first season was spent in examining into the working of hospitals, reformatories and other charitable institutions. This was followed by a tour of inspection of foreign hospitals. At that time England was sadly behind in matters of nursing and sanitation, and Miss Nightingale, who desired to obtain the best teaching for herself, went through a course of training in the Institute of Protestant Deaconesses at Kaiserwerth. She remained

there six months, learning every detail of hospital management with a thoroughness rarely equalled. She neglected nothing that could make her proficient in her self-chosen task. From Kaiserwerth she went to Paris, where she studied the system of nursing and management in the hospitals under the charge of the Sisters of St. Vincent-de-Paul. After her return to England she devoted herself to reorganizing the Governesses' Sanitorium in Harley street (now the Home for gentle-women during temporary illness), which was at that time badly managed and in great need of funds. Miss Nightingale grudged neither time nor money to this work, and she had the satisfaction of placing it on a satisfactory basis.

To fully appreciate the strength of mind and the determination necessary for a young and accomplished woman like Miss Nightingale to pursue such a carrer, it must be remembered that it was a path yet untrodden, one for which, in England at least, little or no sympathy was felt: that to attain her end she had to break through prejudice, both social and religious. She may truly be ranked among the reformers of the Nineteenth Century, and like all reformers, she had to bear with misinterpretation, with the sneer of ignorance.

It was a long time before even the medical profession, as a body, regarded her with favor. But after physicians had once begun to realize that with trained nursing it was possible to have their orders intelligently carried out, that the percentage of deaths decreased and of recoveries increased; they finally accorded to the trained nurse her professional recognition. That a lady could move out of her own immediate circle and was destined for anything more serious in life than to grace a drawing-room, was an innovation to many.

The principle of the nobility of woman's work was in its infancy, and a certain slur rested upon those who, either from necessity or from any personal motive, enrolled themselves among the workers. Miss Nightingale chose to ignore this feeling, and went her way quietly and earnestly, as one who has an object to attain—an object in her own estimation so high, so noble, that no counter opinion could affect her.

To her the words of the poet might well be applied:—

"A being breathing thoughtful breath,
A traveller betwixt life and death;
The reason firm, the temperate will,
Endurance, foresight, strength and skill;
A perfect woman, nobly planned,
To warn, to comfort and command;
And yet a spirit still and bright,
With something of an angel light."

For forty years England had been at rest. It was in the midst of a peace such as this that war was declared between England, France and Russia.

Florence Nightingale could have had no foreshadowing of the future or of the task which lay before her, and yet she neglected nothing to perfect herself in the line of work she had mapped out.

For forty years England's sword had been sheathed, and though there was nothing to lead one to suppose that her soldiers would be called upon to draw it forth, and even if war broke out, Miss Nightingale could not for one moment surmise that she of all others, a weak woman, would be called upon to play a conspicuous part in it—yet such was the case, a great war was looming over Europe, and she, unknowingly, was preparing herself for her post.

From the war came reports of neglect and suffering among the soldiers which was followed by an appeal which touched all men: "Are there no devoted women amongst us, able and willing to go forth to minister to the sick and suffering soldiers in the East, in the hospitals of Scutari?

"Are none of the daughters of England at this extreme hour of need ready for such a work of mercy?"

Such a call as this could not long remain unanswered. Other appeals followed. An enthusiastic desire to answer the appeal was felt throughout England. There was a fear lest a noble impulse should fail for the want of a head, a hand and a heart to direct it.

But there was one who, in the quiet seclusion of her beautiful home, heard and pondered over these things. She knew her own power and understood now, perhaps for the first time, the end and object of all those years of patient training. She thought of her countrymen dying far away, with none to help. It was not in her nature to hesitate; those who loved her best offered no opposition, recognizing her mission as one of "God's ministering angels on earth." She wrote to Mr. Sidney Herbert, then Minister of War, offering her services as nurse to the army in the East. Almost at the same time he had written her, their letters crossing on the way, requesting her to supervise and organize the whole nursing situation.

From morning till late at night Miss Nightingale labored to organize her staff of nurses. On Oct. 21st, 1854, she, in company with her thirty-eight nurses, set out for Scutari. On Nov. 5th, they entered the Bosphorous and reached Scutari on the same day as the battle of Inkerman was fought, and very welcome they were. They came none too soon as, the day after, six hundred wounded were brought in from Inkerman. Even the surgeons could but confess that Miss Nightingale was the right woman in the right place. Her nerve, her quiet systematic way of going to work, and organizing everything necessary

for the care of the sick and wounded, inspired even the most prejudiced with confidence. They now had someone on whom to depend, and would henceforth be spared the sight of men sinking for want of proper nursing, and because food was not administered often enough.

With the nurses, all that was needed was supplied. One poor fellow burst in tears, exclaiming, "I can't help it, I can't indeed, when I see them. Only think of English women coming out here to nurse us—it is so homelike and comfortable."

Florence Nightingale went very quietly about her work with such tact that she overcame, little by little, the predjudices of those who were most opposed to her. Her first act was to establish a kitchen where everything required in a sick room was prepared quickly. Sir Robert Peel's fund for the sick and wounded provided sago, arrowroot, wine, etc. When not engaged in nursing, the nurses were employed in arranging mattresses, making stump-pillows for amputation cases, and every imaginable comfort was procured from the Nightingale quarters. Nothing which could in any way help to smooth the sufferer's pillow, or aid the convalescent, was omitted by this wonderful woman, whose power of feeling was so great. From early morning till late at night Miss Nightingale moved noiselessly hither and thither; the work she did was stupendous. But she walked steadily on from day to day, doing her work "as unto the Lord and not unto man." In less than two months her name was a household word. "She would speak to one," said one poor fellow writing home, "and nod and smile to many more, but she could not do it to all, we lay there by the hundreds, but we could kiss her shadow as it fell, and lay our heads upon the pillow again, content."

Well might she be called "the lady with the lamp." It is said that when all the medical officers had retired for the night, and silence and darkness had settled down upon all those miles of prostrate sick, she might be observed alone, with a little lamp in her hand, making her solitary rounds.

It is to Florence Nightingale that we owe the change which has made the bed of sickness and the chamber of death no longer a place of horror and fear, but a quiet haven, soothing to body and mind, healing both perhaps, or else, if the earthly temple be shattered, helping the spirit overcome that natural fear of the unknown, and so pass in humble faith through the portals of death into life immortal.

To the very last, Florence Nightingale remained at her post. At last the much longed for peace dawned over Europe.

England accorded Miss Nightingale a hearty welcome on her return. Congratulations poured in from every quarter. The whole nation, from the Queen to the humblest of her subjects, desired to express the deep gratitude, love and respect they felt towards her,

and presented her with a St. George's Cross in ruby-red enamel on a white field, representing England. This is encircled by a black band, typifying the office of charity, on which is inscribed a golden legend: "Blessed are the merciful." On the back of the Royal jewel is an inscription written on a golden tablet by Her Majesty, recording it to be a gift and testimonial in memory of services rendered her brave army by Miss Nightingale.

Even before she left her post, the nation was busy with the thought of how it could acknowledge, in a manner acceptable to her, the heroic work she had accomplished. Thus it came to pass that £50,000 were given her to found a Home which should forever bear her name, and where other women should learn to tend the sick, wisely and well, as she had done.

A Training School for Nurses was the outpouring of a nation's gratitude. A home from whence all that was good and pure should emanate; from whence women should go forth, carrying with them the lamp of knowledge and power, as well as love, to lighten the dark places of the earth, even as she, their founder, had carried the lamp through the dark wards of Scutari Hospital.

Space forbids one to speak of the comforts and furnishings of the "Nightingale Home." Suffice it to say that year after year women go forth out of this home, well taught, loving their work, not feeling it a hardship, smiling at the idea of self-sacrifice.

For many years Miss Nightingale looked forth from her retirement upon a world which she has helped to make more tender, more Christ-like. She stands forth, and ever will stand forth, the pattern of a noble, gracious woman, full of pity and tenderness, as all good women are. So she has passed away, but not out of the memory of man, for her work remains indelible, and daily, nay hourly, from sick and dying beds, grateful patients with thankful hearts arise and call her blessed.

And when the summons came from the Dome of St. Paul, calling the citizens of London to join in prayer, praise and thanksgiving to God, who had sent such a woman into the world, a great multitude answered to the call.

Nurses—her children—climbed the steps of the great cathedral, soldiers and civilians, old and young, all bent on doing honor to her who had just passed out of their midst, and yet was still amongst them.

" 'Tis good that thy name springs from two of earth's fairest things,
A stately city and a sweet-voiced bird.
'Tis well that in all homes where thy kind story comes,
And brave eyes fill, that pleasant sounds be heard;
Oh, voice! in night of fear, like night birds sweet to hear,
Oh strong heart! set like city on a hill,
Ah, watcher! worn and pale, dear Florence Nightingale,
We give thee thanks for thy good work and will."

—A. E. Moyer.

SCHOOL NURSING IN REGINA

By Jean Browne

I have been asked to outline the system in use in Regina. All the children in the public schools are given a routine examination twice a year, one each term, oftener in special cases. The pupils are examined particularly for defective eyesight, defective hearing, enlarged tonsils and adenoids, carious teeth, pediculosis, for symptoms of tuberculosis, lateral curvature, goitre and chorea. If any such defect is found to exist, a formal notification is sent to the parents, requesting them to take the child to the family physician. Inquiries are made regarding the general health of pupils and such suggestions made as seem most needful in each case, particular stress being laid on the value of personal cleanliness, fresh air, daily evacuation of the bowels, and the care of the teeth. I believe in every case a personal talk on such subjects accomplishes much more than a class-room knowledge.

In order to accomplish the aim in view the nurse must form the connecting link between the school and home. Each week, each school prepares a visiting list for the school nurse. On this are placed the names of pupils whom the teachers suspect to be absent through illness. This arrangement, however, is flexible, and cases of illness may be reported by telephone at any time during the week. In this way, cases of contagious diseases are detected and reported to the City Health Department. A list of the pupils absent on account of contageous diseases is posted in the office of each school, and the teachers are instructed not to admit to their class rooms any pupil whose name appears on this list. In other cases of illness, suggestions and help in treatment from the school nurse is often very acceptable to mothers. It may seem incredible, and yet it is a fact many times proven, that some mothers do not know how to make a simple mustard plaster. Sometimes during these visits to poor homes, children are found in urgent need of medical attention. For instance, last fall one child was found with typhoid fever, in the delirious stage, with an extremely high temperature; the Medical Health Officer was notified, and within a few hours the child was removed to the hospital. Visits to the homes seem to be of the highest importance in cases of tuberculosis. In almost all the cases of incipient tuberculosis we have had in the schools in Regina, it has been found on visiting the homes that the children have not had fresh air in their rooms, nor have they had specially nourishing food. Without one exception these cases have shown marked improvement after the sanitary condition of their homes has been improved. In this connection mention should be made of the good offices of Dr. Hart, Medical Director of the Anti-

Tuberculosis League in Saskatchewan. Dr. Hart volunteered to examine all cases of suspected tuberculosis where the family was poor and had not engaged a family physician, and many children have already been benefited by this generous offer.

In some sections of the city, the dressings done by the nurse form an important feature of the work. These are mainly wounds, impetigo, seabies, burns and discharging ears. At times, there have been as many as 22 daily dressings in one school.

In cases of accidents, the school nurse is telephoned for at once. If the accident be a serious one, the child's family physician is called in, and if not, the nurse looks after the case herself.

The work of school inspection was begun in Regina, Feb. 1st, 1911. At the end of that school year forty children were fitted with glasses. These were mostly the children of well-to-do parents, but there still remained a great many poor children whose parents could not afford treatment. However, in April, 1912, the Out-Door Clinic at the General Hospital was opened, and then all these children received the necessary treatment, except a very few cases whose parents were prejudiced against sending their children to the hospital. In 1912 thirty children were fitted with glasses. In almost all of these cases the teachers noticed the marked improvement in the child's progress in school after being fitted with glasses. Notes were made on these by the teachers. I shall quote a few characteristic cases.

John Miller; aged 12, German; in special class for sub-normal pupils; case of myopia and astigmation. Treated at the Out-Door Clinic. Before treatment, took no interest in school work, was sullen and ugly, and could not be roused to make any effort in his class work. Parents refused to have the child's eyes attended to, after receiving a notification from the nurse. Finally, his eyes were tested in the Out-Door Clinic and he was fitted with glasses. Since then he has shown marked improvement in read and writing, and still more so in conduct. He now takes considerable interest in all his school work.

Milly George; 13 years; Servian; attending Earl Grey School; Miss Anderson's room. Before treatment could never see work on the blackboard; hesitated and stumbled over words in reading from a book; complained frequently of headache. Her eyes were tested in the Out-Door Clinic and glasses were supplied by the School Board. Within six weeks after this, she became the best reader in the class; has had no trouble in reading, either from a book or the blackboard, and consequently she has made improvement in all her work.

This little girl came into my office about a month after she got her glasses, and when asked if she were getting on any better at school, she replied, her face brightening up as she spoke, "Oh yes; many times mucher. Miss Anderson says I read lovely now."

Tena Saboda; age 11; Roumanian; Miss Milligan's room. Before treatment writing and dictation poor, couldn't read anything on the blackboard from front seat; frequent headaches, anaemic; cried frequently if exercises weren't right. Had her eyes tested at the Out-Door Clinic and was fitted with glasses. Quite soon afterwards her general health improved. Cheeks became rosy, and she is increasing in weight. She now wears a happy expression, holds herself erect, never cries in school. All her school work has very much improved.

Another pupil in this room had a very bad corneal ulcer, but was taken at once to the Out-Door Clinic for treatment, and was able to attend school again in less than a month.

In 1911 there were 41 operations for tonsils and adenoids, during 1912, 53. There have been probably more notes handed in on these cases by teachers than on any others. Permit me to quote some of these:—

Cyril Drake; age eight; grade 1, Albert School; Miss Stevens. Before his operation he breathed through his mouth, had great difficulty in sounding letters and in reading; would not make the slightest attempt to sing; very dull in his class work; memory poor. After operation he breathes through his nose. He shows marked improvement in phonics and reading; can now read connectedly; attempts single notes in singing. He is much brighter, and memory is much improved.

Fred Griston; age 12; in Miss Kerr's Special Class for sub-normal pupils in Victoria School. Diseased tonsils and adenoids, and frequent skin eruptions. This boy was of an extraordinarily sulky disposition, with no inclination to work. In May, 1912, he was operated on for tonsils and adenoids at the Out-Door Clinic. For several months after this he received medical attention. No improvement in his work was noticed until the following September, when he began to take a decided interest in all the subjects. He has had no skin eruptions for two months, and is now developing quite a cheerful disposition.

Eva White; ten years; German; Grade I; adenoids. Before operation, was stupid and slow in her class work. Frequently cried in school. Very irregular in attendance, often sick. After her operation, she showed rapid improvement and became regular in her attendance. She is now in Grade 2 and seldom misses a day.

Although, in 1911, 111 school children were put under a dentist's care, and, in 1912, 100 were treated for dental caries, still the notifications sent to the parents in regard to treatment for their children's teeth are more neglected than any of the others. Unfortunately, up until the present time, there has been no provision made for free dental treatment. However, in March of this year the School Board approached the Dental Association of this city for the purpose of establishing

a free dental clinic, and the dentists generously promised to treat a limited number of poor cases every Saturday forenoon. The chair is now installed in the School Nurse's Office in Alexandra School, and the work has begun. There have been so many cases observed of poor health in school children primarily due to carious teeth. One particular case, for example, of this was Aldred Pearson, aged 9, in the Albert School. His mother, who was in very poor circumstances, came to the office one day to tell me about her little boy. She said he fainted almost every morning, had no appetite, was getting thin, and was nauseated almost daily. On looking through the file for his history card, it was found that a notification had been sent home about his teeth, about two months previously, and, indeed, they were in a terrible condition. When told it was probably his teeth that were causing the other symptoms, she replied that she couldn't afford dental treatment. However, one of the dentists very kindly treated him gratuitously, and in a short time all these symptoms disappeared.

Beginning this term "Little Mother Classes" are being organized in Earl Grey School, where the pupils are of many different nationalities—Servian, Roumanian, Russian, and German predominating. In many of these homes, the care of the babies in the homes is left to the older sisters. In these classes, the school girls are taught how to bath, and properly clothe a baby, how to make its bed, and how to make its food. They are also taught how to make mustard plasters, nourishing fluids, for the sick, and how to dress simple wounds and burns. They are taught the value of fresh air, plenty of good water for drinking purposes, personal cleanliness, the care of the teeth, and the necessity for regular movement of the bowels.

This work in Regina has been made possible through the splendid co-operation of the teachers. The active interest they have taken in this work has far exceeded all anticipations at its beginning. Since the family physician is really the medical inspector, in the Regina system it can easily be seen that an adverse attitude on his part would have frustrated the work in its incipiency, but fortunately the "family physician" in almost every instance has generously stood by it. In regard to the work in contagious diseases, Dr. Bow, the Medical Health Officer, has given every possible assistance even in the busiest seasons.

To sum up the case for the school nurse, she is the teacher of the parents and pupils in applied practical hygiene. Her work prevents loss of time on the part of the pupils and reduces the number of exclusions for contagious disease. She treats minor ailments in the school, and furnishes aid in emergencies. She gives practical demonstrations, in the home, of required treatments, often discovering there the source of the trouble. Finally, the school nurse is the link between school and home.

THE GROUCHES OF A GRAD—SADIE AND SOME OLYMPIANS

By Rene Norcross, Victoria, B.C.

(*Continued from November issue*).

"Oh, alright, we'll count that Persephone one out," Sadie interrupted, tartly; "but it's no use turning them all down. I've got to go as something or else stay at home. There was one I saw somewhere that I can't remember the name of—began with a P—oh I know, Perseus."

"Perseus happened to be a god, dear," I murmured; "very thoughtless of him, but it can't be helped now."

"I know," Sadie retorted with some triumph. "I didn't want him; I was only trying to get at that goddess he was mixed up with."

"Oh, dear me, you mustn't talk like that," I remonstrated hastily. "People should be careful what they say. Andromeda was one of the most respectable goddesses of them all; a very well brought up girl, and Perseus was pretty lucky to pick her out."

"You do talk a fearful lot of rubbish," Sadie exclaimed snappishly, "but I'd forgotten those old goggles. I suppose this Andromeda didn't wear the mortar-board?"

"Well no, she didn't," I admitted reluctantly. "I'm afraid she's out of the question for your purpose, Sadie. But it wasn't her fault, poor dear, and there's every reason to believe they lived very happily ever after."

"Oh, if only I'd been at that committee meeting," Sadie burst out wrathfully.

"It's a funny thing," I mused. "A week ago you said you would not go to the dance at all this year, and now you are crazy to go."

I paused expectantly, but Sadie only wrenched at her clean laundry bundle, and made no effort to assuage my curiosity.

"And if you can't recollect that girl for me I'll have to go as a plain nurse," she gloomed.

"Not at all," I said primly, "I am told that between the becomingness of the uniform and the healthiness of the life, there is no such creature as a plain—"

"Oh, for goodness' sake go, and let me get into my street things," Sadie raged, in the last pitch of exasperation. "And don't strain your intellect trying to think up any more costumes for me. I'll ask the janitor's wife for a few suggestions as I go downstairs."

I allowed myself to get as far as the door before I relented.

"I wonder," I mused, my hand on the knob, "if you could possibly have been meaning Tennyson's sweet girl graduate, in the Princess?"

"That's it." Sadie spun round from the mirror, knocking my photograph onto the floor with her elbow. "That's what I had in my mind all the time, "Sweet girl graduate jangled out of tune and harsh," but that doesn't matter if only I can get the costume."

"It wasn't the sweet girl that was jangled in any case, dear," I reassured her, "and as for the costume, that's simple. Davy's a B.A. Get her on the 'phone and ask her to lend you her outfit."

Davy, otherwise Miss Davis of the Metropolitan staff, would be charmed to lend Sadie her academic robe; it would need pressing, and the moths might have got into it, but—

"But I told her I'd chance that," said Sadie, coming back radiant from the 'phone; "you see, it's a bet."

"Ah!" I said, and sat down again.

"Yes," said Sadie, very busy with her hair, "I met Leila Marsh on the car coming up, and she says the new House man is the nicest looking boy she ever saw, and most of the girls are crazy about him, but he's proof—simply doesn't know they're there, nice manner and all that you know, but nobody's ever seen him look twice at the prettiest of them. I said somebody ought to wake him up, and Leila offered to bet me that Russian leather hand-bag in Doyle & Doyle's window—you've seen it—that I couldn't draw him into a flirtation at the dance."

"If I had known that that was your outrageous reason for changing your mind," I began virtuously, "you would have got no help from me."

"That's what I thought," said Sadie, unabashed; "but there's no sense in letting the men get too conceited. Run along like a brick and heat me up some of that jolly stew, and I'll lend you the hand-bag sometimes."

"Well?" I queried, when Sadie let herself into the flat at 3 a.m. the morning after the ball. I do not dance, and in any case I was expecting a call at any minute; but curiosity had kept me awake.

"Oh, it wasn't bad," said Sadie, yawning. "The room was rather too hot and I've heard better music, but the cosy corners were alright, and the supper—"

"Who did you sit out with?" I inquired, refusing to be lured away.

"Oh, different ones. There were a lot of the staff men there and all the internes, of course; most of the costumes were very good—"

"Was Dr. Morris there?" I asked, pointedly. Dr. Morris was the new and invincible House man.

"Why, of course. Not much of a dancer, though. Now that was a dollar-fifty pair of stockings and only the second time on, and just look at that heel. I call it simply—"

"Oh, just as you please," I said stiffly. "You are not bound to tell me, of course. You might put the light out as soon as possible; I

want to sleep."

"Alright, I was going to tell you in a minute—you needn't get so waxy," said Sadie, resignedly. "I don't get the hand-bag."

"What?" I sat up and stared. I had not approved of Sadie's intention, but I had never expected her to fail in it.

"You're certainly complimentary," she said. "The fact is—I can say it to you because you'll believe me, but the others wouldn't—I didn't try to flirt with him—not after the very first."

"Sadie?"

"No I didn't. There's another girl."

"That hasn't always—"

"No, I know it hasn't, but those were different. They were on the spot, anyway, and could put up a fight, but this girl is back in Bruce County, where he comes from, and she's the homeliest little—I never saw a plainer girl—he showed me her photo; carries it around all the time—and dressed in a blouse I wouldn't wear to weed the garden in. And he gave me the whole story. Oh, if I told Leila I'd won the bag she'd give it me in a minute, for it must have looked like furious flirting. We sat out three dances running; said he'd never met anybody so sympathetic and congenial since he'd come West. I did feel cheap, but I tried to make up by admiring the photo. Her father is the wealthiest man in those parts, but such a tight-wad, and the poor boy has to make good before he can say a word. Tight-wad wouldn't listen to an engagement, so he came West as soon as he graduated to make money quicker, and she'll keep on helping Mamma with the chores and getting a new dress—marked down—once in three years till he gets back and carries her off. And he could no more tell you the color of my hair right now, or what I wore—and the blessed boy hasn't a notion that half the girls in the room were making eyes at him. Apart from the hospital he's only got one idea in his head—that that snub-nosed little dowd back in Sag Corners will get tired waiting for him and marry someone else. Isn't it pathetic? Isn't it simply criminal?"

"If all the handsome men married only pretty girls, and all the plain men married homely girls," I remarked, sententiously, "the human race—"

"Yes, of course; I'm through with the light now—good night," said Sadie hastily, and switched off the current.

HOSPITALS AND NURSES.

The Edmonton Association of Graduate Nurses wishes to warn all nurses against coming to Edmonton, as the number of nurses here exceeds the demand.

A general meeting of the Graduate Nurses' Association of British Columbia was held on Saturday, Oct. 11th, 8 p.m., at the Alexandra Club, Victoria, B.C.

The meeting was called to order by the president, Miss Wright, of New Westminster. After the roll call, and the minutes of the last meeting had been read by the secretary, the president spoke a few words on the Registration Bill for Nurses, which had been presented at the last Session and had been laid over until the next. She said that the fact of the Bill being printed for the members of the House might be taken as a good sign, and would encourage us all to do what we could in working for it this year. There were several alterations that had been made since the Bill was first compiled, viz., the first council is to be appointed by the B. C. College of Physicians and Surgeons; the amount of the fee for registration, after open discussion at the annual meeting, was reduced to $10.00; and the word "attendant," referring to the registration of non-graduates if they wish it, to be altered to "household nurse."

There was a discussion on what the local nurses' associations could do towards helping, and suggestions were made that condensed literature bringing forward the most important points of the Bill be printed for distribution among the associations. Miss Randall, of Vancouver, gave a report of the special committee, who are working along these lines.

The resignation of the second vice-president, Miss Patton, of Kamloops, was then read. It was proposed by Miss Norcross, of Victoria, and seconded by Miss Scott, of New Westminster, that the office be kept open until a new superintendent was appointed at the hospital, in order that Kamloops might be still represented among the officers of the association.

The meeting then adjourned and tea and coffee were served by the Victoria Nurses' Club to the members and guests.

Among those present were: Miss Randall, Miss Hall, Miss Trew, Miss Breeze, Miss R. Judge, from Vancouver; Miss Wright, Miss Scott, Miss Gray, from New Westminster; Miss Morrison, Miss Hurst, Miss Jones, Miss Norcross, Miss Tombley, Miss McCrae, Miss Kennedy, Miss Swan, Mrs. Greig, Miss Coward, Miss Archibald, and many others from Victoria.

Miss Alice S. Stark, graduate of Guelph General Hospital, left on

October 22nd to resume her work in New Westminster, B.C., after spending a pleasant three months' holiday at her home in Starkville, Ontario.

While in the East Miss Stark completed a Post-Graduate Course in School Nursing at Toronto, receiving her diploma.

Miss Anna Twiddy, Moose Jaw General Hospital, 1913, has accepted a position in the hospital, Swift Current, Sask.

Miss Florence J. Potts, who has been such an able assistant superintendent at the Sick Children's Hospital for some years, has accepted the position of Lady Superintendent. Our best wishes go with Miss Potts in her new duties. The hospital is fortunate in having such a splendid woman at its head.

Mr. John Ross Robertson has again showed his generosity by presenting to the Nurses' Club, 295 Sherbourne St., a number of beautiful pictures The club is a delightful spot to rest or entertain in, and is most artistic in its appointments. The nurses who have not become members are missing a rare treat in not availing themselves of its many advantages.

Miss Panton will be much missed on the school nursing staff, having recently given up to take charge of the preliminary training of nurses at the Hospital for Sick Children.

The first meeting of the season of the Alumnae Association, Hospital for Sick Children, Toronto, was held at the Nurses Residence, Elizabeth Street, on Thursday, October 9th, 1913. Miss Teeter, the newly-appointed president, was in the chair. Usual routine business was disposed of, and plans for work for the ensuing year were discussed. Miss Grace A. Gowans was appointed recording secretary, pro tem, during Miss Hill's leave of absence.

A tea was given at the Graduate Nurses' Club by the classmates of Miss Jennie Smith, whose marriage takes place shortly. Mrs. Harold Peletier and Mrs. Bodington presided at the prettily decorated tea table. With the good wishes of her friends Miss Smith received a beautiful case of spoons.

The Board of Health Nurses entertained the Alumnæ Association of the Toronto General Hospital in honor of Miss Scadding, who leaves shortly for New Westminster, B.C., where she will fill the position of night supervisor in the New Hospital. The Alumnae, of which a large number were present, presented Miss Scadding with a beautiful sheaf of roses.

Miss Mary Hill gave a little farewell tea to her friends at the Club before leaving for Boston, where she intends spending the winter. She was assisted by Miss Walsh and Mrs. Cammiff.

The nurses are busy preparing for the Bazaar which takes place on the 26th of November at the Toronto Nurses' Club, 295 Sherbourne Street.

Miss Nancie T. Cameron, Albany Hospital, '98, has returned to her home, Kent, England, after paying a flying visit to Western Canada. Miss Cameron is a granddaughter of Sir Charles Tupper. Her time and talents are devoted to worthy causes.

Miss Hallie Rose, T.W.H., '09, who has been doing private nursing in Detroit, Mich., for the past three years, has returned to Toronto to nurse.

On Oct. 13th St. Michael's Hospital Alumnae held their first meeting of the season at the hospital, when the election of officers took place. A large number of the new graduates were present and became members. Some new plans were made for the winter and great enthusiasm shown. A committee was formed to take charge of a children's wardrobe for the poor. A hearty vote of thanks was tendered the retiring officers. Dainty refreshments were served by the senior nurses of the school, and pleasant reminiscences recalled. The names of the newly-elected officers will be found on the usual page.

The annual retreat for nurses was held at St. Michael's Hospital, 29th ult. The exercises were conducted by Rev. Father Bennett, C.S.S.R. A large number of the graduates attended, to whom a cordial invitation was extended. At the close Solemn High Mass was celebrated for the deceased members of the Alumnae Association.

The St. Michael's Hospital Alumnae Association had the Holy Sacrifice of the Mass offered at St. Michael's Hospital for Miss Helen Foley, one of their members lately deceased. Many of the graduates and the entire school of nurses were present.

Miss Maude McLachlan, St. Michael's Hospital graduate, who has been in Vancouver for the past two years, has returned to private nursing in the city.

Miss Shanahan, St. M. H. graduate, has gone to Penetang.

Miss Delia Provencher, St. M. H. graduate, has gone to Louisville, Ken., to join Miss Kehoe, a class-mate, who has been very successful in the profession.

The monthly meeting of the M.G.H.A.A. was held at the Nurses' Home, Friday, Oct. 10th, 1913. Miss Dunlop occupied the chair in the president's absence. The minutes of the last meeting were read and adopted.

Business of the association was discussed and the lectures for the ensuing year were arranged for. The meeting was then adjourned and tea was served.

Miss Louise McLeod, graduate M.G.H., class '07, is leaving this

month for Chemanus, B.C., to take charge of a hospital there.

Miss K. E. Smith, graduate M.G.H., class '11, who was operated upon for appendicitis three weeks ago, is progressing favorably.

Miss Jean Wilson, graduate M.G.H., class '08, has returned from an enjoyable vacation trip to Toronto and other Western cities.

Miss Muriel Smith, graduate M.G.H., class '11, has returned from St. Agathe, and is doing private nursing.

Miss Winnifred Caldwell has returned from a holiday trip to her home in Arnprior, Ontario.

The monthly meeting of the Peterboro branch of the Graduate Nurses' Association of Ontario, was held in the Public Library, October 1st, at 3.30 p.m. There were fourteen members present and there are twenty-six names on the roll. After the minutes of the meeting were read, Miss Shaver gave a very interesting paper. Miss Dixon and Miss Mowry have worked hard to make the association a success. Miss Mowry is chairman, Miss Howson secretary and treasurer.

The annual meeting of the Nicholl's Hospital Alumnae was held on Friday, October 8th, at "Coleman's." The following officers were elected:

President: Miss Ferguson.
1st Vice-President: Miss Dixon.
2nd Vice-President: Miss Rosamond.
Treasurer: Miss Wood.
Secretary: Miss Mowry.

Miss Brown was appointed local representative of "The Canadian Nurse."

Following the meeting the graduates of the Nicholl's Hospital entertained the recent graduates, Miss Rosamond, Miss Crowe, Miss Wood and Miss Walsh.

Miss Steele, graduate of the Nicholl's Hospital, who has been visiting friends in the city, has returned to Memphis, Tenn., U.S., where she has been nursing for the past two years.

Miss J. Sutherland, who has been a prominent worker in nursing circles in New Zealand, and who recently was entertained at the Toronto Nurses' Club, has announced her marriage to Mr. James Dunnett, M.P., of Ottawa. We are glad to welcome Mrs. Dunnett to our shores.

The cornerstone of the new St. Justine Hospital, Montreal, has been laid.

Miss Gilmour, graduate of the Royal Victoria Hospital, Montreal, and at one time assistant superintendent of that institution, has gone to Edmonton, Alta., to take the position of superintendent of the Alexandra Hospital there, rendered vacant by the marriage of Miss Fair-

service, which took place on the 26th of June to Mr. Cecil Ewart. Miss Gilmour has been traveling in Europe during the past summer.

Miss Cora Archibaldt, class '09, R.V.H., Montreal, has accepted a position as Dietitian in the Vancouver General Hospital, and took up her duties there on October 1st.

Sister M. G. Williams, A.M.C., has leave of absence for three months, ending January 1st, 1914.

Miss Marriott, graduate of the Mack Training School for Nurses, St. Catharines, Ont., recently underwent a serious operation. We are glad to report that she is making a good recovery.

Miss Sutherland, graduate of G. & M. Hospital, Collingwood, Ont., Head Nurse G. & M. Hospital, St. Catharines, has returned after a pleasant vacation

The regular monthly meeting of the Victoria Nurses' Club was held on the first Monday of November. Miss E. H. Jones, president, in the chair.

Mrs. A. M. Gregg had invited the club to her cosy rooms, a goodly number enjoying her hospitality. The minutes were read and adopted. Four new names were added to our roll call. A letter of resignation from Miss Norcross was read. Much regret was expressed that she should withdraw. Miss Turner and Miss Alexander are both ill. We hope that they will soon be strong and well.

Business being disposed of, a most enjoyable tea was served. A hearty vote of thanks was given Mrs. Gregg, and good-byes said, thus bringing a very pleasant afternoon to a close.

Miss Marie Newmeyer, of the Jubilee Hospital, Vernon, B.C., 1912, has been appointed lady superintendent of the Hospital Golden, B.C., and Miss Thomas, of the Kootenay Lake Hospital, Nelson, class 1913, has been appointed head nurse.

Miss Jones, graduate of the Jubilee Hospital, Vernon, B.C., class 1911, and recently on the staff of the Moose Jaw General Hospital, is now on the staff of the General Hospital, Medicine Hat, Alta.

Miss I. Blythe (V.G.H.) has accepted a position in the Good Samaritan Hospital, Los Angeles, California.

Charlotte MacKenzie (T.G.H., 1910) passed away on Nov. 2nd, at Kamloops, B.C., after a long and trying illness of over two years.

VICTORIA HOSPITAL ALUMNAE ASSO., LONDON, ONT.

The first meeting of the season of 1913-1914 of the Victoria Hospital Alumnae Association, London, was held at the hospital on October 15th. Miss Forsyth, of the Social Service Department of New York City, gave a very interesting talk on Social Service work in that city.

Miss Stanley, lady superintendent, entertained at the close those present with refreshments in the spacious and beautiful parlors of the Nurses' Home.

An interesting and instructive program has been prepared for future meetings, which will be held on the first Tuesday of each month till May, inclusive.

The second meeting of the season 1913-1914 was held November 4th in the new Hygienic Building. An interesting address on Visiting Nursing was given by Miss Dyke, Toronto, Superintendent of Board of Health Nurses, in that city, illustrated by instructive lantern views. These views, thrown on the screen, demonstrated very forcibly the great good that is being done in Toronto by the Public Health Departments through their Visiting Nurses.

Miss Jessie Mortimer, late Supervisor of Operating Room at Victoria Hospital, is now Lady Superintendent of the Samaritan Hospital, Ashland, Ohio. The new addition to private wards of Victoria Hospital is beautiful and complete, leaving nothing to be desired.

Miss A. Macfarlane (T.G.H.) is spending the winter at Los Angeles, as night superintendent in the Good Samaritan Hospital there.

Miss B. Edstrom (V.G.H.) has left Vancouver, and has taken a position in the King County Hospital, Georgetown, Wash.

Miss McDougal (V.G.H.) has accepted the post of one of the assistant superintendents of the Good Samaritan Hospital, Los Angeles.

Collingwood.—Miss Morton and Miss Carr were in Toronto to attend the Canadian Hospital Association meeings, and enjoyed them very much.

Smallpox, we are sorry to say, has broken out in town, so that the schools, churches, library and all places of amusement are closed by the medical health officer.

Miss Burkholder and Miss Shaw are nursing smallpox.

Last Thursday the Graduate Nurses moved to their new home, where they will have plenty of accommodation for a larger number of nurses, which the size of the town seems to require.

Providence Hospital, Haileybury, Ont., was formally opened October 22nd, 1913. The guests were received by the Sister Superior. The building is splendidly equipped, and many expressions of praise were offered on the general appointment.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL FOR NURSES, ST. CATHARINES, ONT.

Meetings: First Wednesday in each month at 3 p.m.

Nurses graduated from all recognized training schools are cordially invited to attend.

President—Miss L. B. Shantz.

First Vice-President—Mrs. J. Parnell.

Second Vice-President—Mrs. R. L. Dunn.

Secretary—Miss M. Albright.

Treasurer—Miss A. E. Moyer.

News Correspondent—Miss M. F. Thomson.

PROGRAM—1913-1914

September—Social Evening.

October—Biographical Sketch from "The Life of Florence Nightingale." Miss A. E. Moyer.

November—Safeguarding Surgical Operations. Dr. W. J. Chapman.

December—Suggestions for Christmas Among the Sick. Mrs. J. Parnell.

January—Nursing as a Vocation. Miss L. I. Uren.

February—Pneumonia. Dr. D. V. Curry.

March—To What Extent a Nurse's Life Influences Her Patient. Miss McIntosh, Buffalo.

April—Nursing Ethics. Dr. W. T. Greenwood.

May—The Importance of Visiting, Nursing and Social Service Work Miss E. M. Elliott, Port Hope.

June—The International Council of Nurses at Cologne. Miss Snively, Toronto.

July—My Experience as an Army Nurse. Miss V. Rittenhouse, Texas.

August—Annual Meeting.

The Guelph General Hospital Training School held its graduating exercises on Friday, Oct. 10th. The following young ladies received diplomas: Miss Ethel M. Armstrong, Lowville, Ont.; Miss Margaret B. Stelek, Zurich, Ont.; Miss Mary E. Sunley, Guelph; Miss Mabel M. Orpen, Toronto; Miss Mildred M. Pfaff, Guelph; Miss Estella Kitely, Drayton; Miss Mary T. Watt, Elora; Miss Nellie Mackenzie, Guelph; Miss Alice M. Shaw, Guelph.

Dr. McCullough, Provincial Health Officer, gave the graduates' address.

Dr. Lowry administered the hippocratic oath and presented the diplomas.

Dr. A. MacKinnon presented the badges. After a delightful program of music and speeches a social evening was spent in the Nurses' Home.

Miss Louie McLeod (Montreal Gen. Hosp.) has been appointed Lady Superintendent of the hospital at Chemainus, B.C., and has taken up her duties there.

A survey of Public Health Nursing in Canada would, we believe, reveal work of which the Canadian National Association of Trained Nurses would feel justly proud. At the annual meeting in Berlin, May, 1913, a resolution was passed that a committee should be formed to report upon the advisability of forming a Public Health Nurses' Association in 1914. This committee when complete should be representative of the outstanding types of Public Health Nursing. Local conditions have resulted in the formation of various organizations, so that the value of this committee's report will depend upon a comprehensive knowledge of Canadian nursing conditions.

"Where order in variety we see,
And where, though all things differ, all agree."

Any suggestions for the committee may be addressed to the convener, Miss Eunice H. Dyke, R.N., Department of Health, City Hall, Toronto.

We consider that one of the most important conclusions reached at the recent Congress of School Hygiene, held in Buffalo, was that relating to the value of the Public Health Nurse. It was said in no uncertain terms that the Public Health Nurse is the keystone of the arch of child hygiene; that it is she only who gets closely into touch with the home life of the tenement child. Who can appreciate the needs of the neglected child but the one who, equipped with special training, visits the home day in and day out to observe each need as it arises.

It is indeed gratifying to be told of one's importance in the world, and we hope that by this praise we will be inspired to further endeavor, that we may ultimately give the unfortunate street urchin his fighting chance to grow up into a useful member of society.

Miss Jean A. Harrison, R.N., Maccan, Nova Scotia, graduate of Whidden Memorial Hospital, Everett, Mass., and post-graduate of Bellevue Hospital, New York, and Alexandra Hospital, Montreal, Canada; also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Phila., has been placed in the charge of the Mechanical Department at the University Hospital and Training School for Nurses, Iowa City, Iowa.

HOSPITALS

The following course of lectures has been arranged for 1913-1914 for the nurses in training at the Hospital for Sick Children, Toronto, Ont., under the direction of Miss F. J. Potts, Supt. of Hospital and Training School.

JUNIOR LECTURES

Dr. D. E. Robertson—Bandaging—The manufacture, economy, and indications for bandages, the fundamental figures of bandaging, application of swathes, and the preparation of the ordinary splints. Instruction in the common bandages used for the several regions of the body.

Dr. D. E. Robertson—Orthopedic Surgery—The normal child. Congenital and acquired deformities. Mechanics of the human body. Disease of the spine, Orthopedic appliances. Nursing care. Diseases of the other joints—arthritis.

Dr. Graham—Hygiene and Bacteriology—Personal Hygiene, including food, clothing, bathing, exercise, etc. Hygiene of sick-room, including composition and pollution of air and water. Destruction of bacteria. Disinfection and sterilization. Relation of Bacteria to Disease. Immunity, modes of infection and transmission. Ventilation—Dangers of draughts in sick-room. Heating, etc.

Miss Whealey—Materia Medica—Weights and measures and how to calculate percentage. Drugs—their uses; active principles and doses. Pharmaceutical preparations. Making powders, ointments and simple solutions. Poisons and antidotes. Care of stock from an economical standpoint.

URINALYSIS—Anatomy and Physiology of Urinary Organs—Elementary analysis. Tests.

INTERMEDIATE LECTURES

Dr. McGillivray—Infectious Diseases—Infection, contagion, exanthemata, prophylaxis, immunity, cerebro-spinal meningitis. Amoebic dysentery. Malarial fever. Smallpox, vaccinia, chickenpox. Scarlatina, measles, rubella. Mumps, whooping cough. Acute follicular tonsilitis. Diphtheria.

Dr. Clelland—Gynaecology and Obstetrics—Pelvic anatomy—Inflammatory diseases of pelvis—Causes—Treatment. Preparation for minor operation—After care—Preparation for Abdominal Operation—After care. Nursing in special gynaecological cases. Physiology of pregnancy and labor—Delivery—Management—Nurse's Duties. Postpartum haemorrhage—Puerperium—Puerperal diseases—Dangers to be avoided. Child at birth—Receiving—Washing—Feeding and general care of new-born child.

Dr. Strathy—Medicine—Diseases of the joints—Rheumatic fever; subacute, chronic and muscular rheumatism; arthritis deformans; gout. Haemorrhage diatheses—purpura, haemophilia. Anaemias and leukaemias. Typhoid fever. Diabetes mellitus and diabetes insipidus. Pulmonary tuberculosis—the etiology and prevention. Early symptoms and diagnosis. Treatment and results. Use of tuberculin in diagnosis and treatment. Social factors in its prevention. Acute lobar pneumonia. Influenza. Disease of the thyroid gland, simple goitre, exophthalmic goitre (Grave's Disease), cretinism, myxoedema.

Dr. Gallie—Surgery—The principles of aseptic and antiseptic surgery; wound healing. Wound complications; inflammation; suppuration; abscess; ulcer, sinus, fistula, erysipelas, septicaemia; the termination of infections. Burns and scalds. Fractures, dislocations, wounds, contusions, sprains, injuries to joints, bones and tendons. Tumors; surgical tuberculosis; tetanus; syphilitic lesions; surgical complications in typhoid fever.

Dr. McLennan—Ear, Nose and Throat—Anatomy of the ear—Care in health and disease. Diseases of the nose and throat. Treatment and nursing.

Dr. Maclaren—Eye—The anatomy of the eye—Care in health and disease. Care of the eye after operations.

SENIOR LECTURES

Dr. Allen Baines—Infants and Young Children—Infant feeding—Breast and artificial. Feeding in unusual and difficult cases, and of older children. Gastro-intestinal diseases. Diseases due to faulty nutrition.

Dr. C. L. Starr—Surgery—Abdominal surgery—Preparation and after care of patient. Surgical emergencies.

Dr. C. K. Clarke—Hospital Economics.

Mr. J. Ross Robertson—The History of the Hospital—Special lectures.

Dr. C. S. McVicar—Public Health Nursing—

Lina Rogers Struthers, R.N.—The Nurse in Public Service—

Miss E. Dyke—Social Service Work—

Editorial

NURSING IDEALS

With the approach of Christmas comes again the revival of the broad, kindly, humanitarian spirit of the Master. The spirit of unselfishness that makes us think of the happiness of others, and creates anew within us the spirit of good-will to all.

Nurses are particularly in touch with suffering humanity and are called upon to give much of themselves to their patients, and in the giving may create impressions that may be a power for good. A nurse who obtains her highest happiness in the service she renders to sick and frail humanity, must be a follower of the Master. She has a broadminded charity for human frailties; she has a cheerfulness begotten of her high hopes; she is the light of truth, and her vision is from the mountain top of human service.

Her great opportunity is a privilege and not a duty. The sick are particularly impressionable to the high call of honor, truth, virtue and righteousness, and this is the atmosphere of true cheerfulness and happiness. No nurse is true to herself or to the profession, who does not seek the highest ideals of life.

PUBLIC HEALTH NURSING

The improper use of the name "Public Health Nurse" has caused much confusion and misunderstanding among nurses not familiar with the different bodies doing public health work. Public health nursing is a broad term which includes all nurses doing public welfare work, whether they belong to a board of health, board of education, hospital social service, settlement, Victorian Order, or other visiting nursing association.

A nurse employed by any one of these bodies may be called a "Public Health Nurse," and it is improper and confusing to use the name to specially designate the board of health visiting nurse.

In this connection we observe that at the meeting of the Canadian National Association of Trained Nurses, at Berlin, it was proposed to form a new organization of nurses, called the Public Health Nurses' Association.

There must of necessity always be a number of local associations dealing with social service work, and these demand a great deal from nurses whose time is limited for such meetings.

The Canadian National Association of Trained Nurses was formed for the purpose of uniting these associations in one meeting at one place.

It would appear to us that to form another association would be undoing the practical object in view, when the Canadian National Association was formed. It is again a question of time and money. Furthermore, every additional association having similar objects in view increases the difficulty of getting even a fair attendance at the meetings of the already existing organizations and decreases the enthusiasm.

If public health nursing can be made a section of the Canadian National Association of Trained Nurses it would avoid another association and another annual meeting.

The Guild of Saint Barnabas

The Montreal Branch of the Guild held its first meeting since the summer in the Church of St. John the Evangelist, on Tuesday evening, October 21st, when those present included the chaplain, three honorary members, fifteen members and one associate.

The Office was said and the monthly paper of Guild Thanksgivings and Intercessions (which comes enclosed in the magazine) was joined in, the Chaplain first saying a few words as to its helpful use. He suggested using this paper at our monthly meetings and also that each member should use it regularly at some set time, possibly coming to church a little earlier than usual on Sunday and going over it then. He pointed out that behind the list of names and initials, which seem so formal to us, may lie some great need or trouble, and that our prayers may help individual cases, of which we know nothing, while we may also have our own list of intercessions and pray for patients and friends of whose needs we are aware.

A helpful address was given by the Chaplain on "Forgiveness," this subject being taken from the Epistle for the week (St. Matt. 18:21), which had been read as the lesson.

At the close of the service tea was served in the Guild Room, where great pleasure was expressed at having with us Nurse Dawson, one of the four nurses who were admitted into the Guild as associates at the first meeting of the branch. We were also pleased to welcome to the meeting a member, Miss Holleck, who has been transferred to our branch from Cheltenham, England, and another nurse who was admitted as an associate in London, but who resides principally in the United States.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Ave., Toronto; First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford ; Second Vice-President, Miss G. A. Read, 156 John St., London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby St., Toronto. Directors: Mrs. W. G. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Pafford, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Misss Bessie Sadler, 100 Grant Avenue.

At the regular meeting of the alumnae association it was decided to raise the general nursing fees to three dollars a day or twenty-one dollars a week, to take effect on Jan. 1st, 1914.

The next meeting of the alumnae, on December 2nd, is to elect officers for 1914. A nominating committee was appointed for this purpose—Miss A. Kerr, Miss E. Brennen, Miss Freemantle. All officers to be elected by ballot.

On Oct. 31, 1913, in Queen Alexandria Wing, Hamilton City Hospital, a son was born to Dr. and Mrs. F. Woodhall. Dr. Woodhall was a former interne at the H.C.H., and Mrs. Woodhall, nee Miss Touchburn, is a graduate of class 1909.

Nov. 5, 1913, in the Queen Alexandria Wing, H. C. H., twins (a boy and a girl) were born to Dr. and Mrs. Hopper. Dr. Hopper was a recent interne at the H. C. H.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Treatise on History of Massage and Physical Culture, by Miss Manby.

From the earliest times, rubbing of some sort has been used for curative purposes. It is known to have been employed by the Chinese as far back at 3000, B.C., and it was probably from them that the Japanese learned the art, which is still much practised by both. Well known names all along the centuries are connected with it.

Herodicus (500 B.C.), the founder of medical gymnastics, compelled his patients to have their bodies rubbed; and from him we learn there were specialists even in those days.

Plato's writings abound with direct and indirect references to friction; and Socrates, by the mouth of Plato, esteems oil very necessary, referring to its uses in the way of friction, which, he asserts, is a great assuager of pain.

Hippocrates (400 B.C.) says "Rubbing can bind a joint that is too loose, and loosen a joint that is too rigid," thus bearing out the statement: "Things that have the same name have not always the same effect."

Julius Caesar (100 B.C.) had himself pinched all over every day, as a means of getting rid of neuralgia.

Celsus (a Roman physician at the beginning of the Christian era) advised that friction should be used several times a day in the sun.

The wisdom of the ancients appears to great advantage in some of their remarks about rubbing, and it requires years of practical acquaintance with massage in order to fully appreciate them. All the physicians and philosophers of antiquity knew no better means of strengthening the vital organs prolonging life than by moderation, by the use of free and pure air, by bathing, and above all by daily friction of the body and exercise. Rules and directions were laid

down for giving gentle and then violent motion to the body in a variety of ways, hence arose a particular art called gymnastics, and the greatest philosophers and men of learning never forgot that body and mind ought to be exercised in due proportion. This art of suiting exercises to the different constitutions, situations and wants of men, of employing it above all as a means of keeping his internal nature in proper activity, and thereby not only rendering the causes of diseases ineffectual, but also curing diseases which have already appeared. they indeed brought to an extraordinary degree of perfection.

The Greeks and Romans were not the only members of the Ayran family who practised rubbing in the early ages. The Indians esteemed friction highly—Strabo tells us that "they think most highly of friction, polishing their bodies smooth in many ways." The king, whilst receiving foreign ambassadors, was rubbed at the same time.

Amongst the hygienic principles laid down in the "Art of Life" in the early Sanskrit of the first century are these: "One ought to rise early, bathe, wash the mouth, anoint the body, submit to friction and shampooing and then exercise." The word shampooing is of Hindu origin, and however refreshing the process, and however applicable to the Turkish bath, it should not be used as a synonym for massage—which is a scientific and most effectual procedure.

Galen (A.D. 130-200) was the most learned physician and accomplished man of his age. He recommended friction in a great number of diseases, generally as axilliary to other means. He was deeply interested in exercises, and laid down very minute directions regarding their performance.

I would like to quote in his quaint and curious language just a few phrases: "If anyone," says he, "immediately after undressing, proceed to the more violent movements before he has softened the whole body, he incurs the danger of breaking or spraining some of the solid parts. But if, beforehand, you gradually warm and soften the solids, and thin the fluids and expand the pores, the person exercising will run no danger of breaking any part nor blocking up the pores. I do not counsel the immediate application of grease before the skin is warmed and the pores expanded, and I recommend the imposition and circumflexion of the hands to be varied, in order that all fibres of the muscles as completely as possible in every part may be rubbed"

Sudden and violent efforts at running, jumping and lifting, by those unaccustomed to them, especially if they have passed the meridian of life, are apt to cause rupture and strain of muscular and tendonous fibres, owing to a lack of suppleness in these tissues. It would be difficult to improve on the preventive treatment of such injuries advised by Galen. No wonder he took so much interest in exercise

and kindred measures for the improvement and maintenance of health, for history tells us that till the age of thirty he was weakly, but became strong and of good health by devoting several hours a day to bodily exercise, and in this way cured a host of sicknesses and weaknesses in others.

To Take a Later Period

Mary Queen of Scots was stricken down Oct. 7th, 1566, with a malignant fever, doubtless caused by fatigue and annoyance at the wretched conduct of her husband. She was very ill, and sank rapidly. Convinced that her last hour had come, she calmly prepared for death. She forgave all who had in any way offended her and craved pardon of all whom she had in the slightest way aggrieved. Soon she became cold and rigid, her form became straightened out, her pulse and respiration were no longer perceptible. All despaired of her life, save her physician "News," who, hoping against hope, continued to use friction, and at length succeeded in restoring her to life. She then began rapidly to improve, but her death had already been reported in Edinburgh.

Hoffman (1660-1742), who was physician to the King of Prussia, we are not likely to forget. He says that exercise is the best medicine for the body, and that we cannot imagine how favorable to health it is, for it excites the flow of spirits and facilitates the excretions from the blood.

A curious old book by the late John Grosvenor, surgeon of Oxford, England, is called "A Full Account of the System of Friction as adopted and pursued with the greatest success in Cases of Contracted Joints and Lameness from Various Causes" This John Grosvenor was undoubtedly a man of ability, for in addition to his extensive practice, he edited a newspaper during his breakfast hour, and rendered gratuitous services to the poor from 8 to 10 in the mornings. In the latter period of his practice, Mr. Grosvenor was celebrated throughout the kingdom for the application of friction to lameness or imperfections of motion arising from stiff joints. He had first cured himself of a morbid affection of the knee.

To Peter Henrik Ling, poet and physiologist of Sweden, is given the credit of having instituted what is so well known as the "Swedish Movement Cure," and in 1813 the Royal Central Institution was established at Stockholm in order that he might practise and teach his system of gymnastics, which was adapted to the well and the sick.

In 1877 Dr. Weir Mitchell, of Philadelphia, the eminent neurologist, gave the profession and public a careful and interesting account of his successful methods of treating thin, nervous, anemic and bed-ridden patients, usually women. The methods comprise an original combination of previously well-known agencies, viz., seclusion, rest and exces-

sive feeding, made available by rapid nutritive changes, caused by the systematic use of massage and electricity. The favorable results of Dr. Mitchell have been confirmed by Prof. Playfair, of King's College, London, and published under the title of "The Systematic Treatment of Nerve Prostration and Hysteria"—1883.

From this slight outline of the history of massage we may conclude that, like many other matters in and out of medicine, it has not been steadily progressive; at times being highly esteemed, at others treated with indifferenee.

Now, if I may go back and refer to that part of my paper which pertains to exercises and gymnastics, it is interesting to notice how very applicable the system I am demonstrating to-night is, the teachings of both ancient and modern schools of Therapy. They all practically agree that the prescription of exercise for each individual must be arranged according to the particular need, so that, while meeting and overcoming any deficiency, care must be taken to avoid any undue strain on the organs and muscles.

Another point upon which all who have studied this particular subject will agree, is that no persons, however healthy and strong, should perform sudden and violent exercises without first training their bodies in a gradual fashion. And this rule is complied with in the performance of the Muller system, because every exercise can be performed in various degrees of difficulty so that men and women, young and old, more or less vigorous, can perform the same exercise, and in which ever degree is best adapted to their use.

Deep breathing plays a very important part in the system, for precise directions are given as regards breathing both during and between the exercises, and it is just this point which is of such extreme importance, especially as regards the action of the heart.

No apparatus is required, and most of the exercises are specially directed towards strengthening and developing the internal organs and heart muscles. Deep breathing should be neither entirely abdominal nor thoracic, it should be a combination of the two, and the diaphragm should be used and as much breath taken in as possible.

The monthly meeting of the Canadian Nurses' Association was held on Tuesday, Nov. 4th, at 8 p.m., Miss Phillips in the chair. The minutes of the Annual Meeting were read and adopted. Twenty new names were added to the roll of membership. Miss Phillips then introduced the Misses Manby. Miss Manby read a treatise on The History of Massage and Physical Culture, and Miss I. Manby demonstrated. It was all intensely interesting, showing how very important rubbing in some form was held by the ancients. A vote of thanks was proposed by Miss Colley, seconded by Miss Hill, and carried unanimously.

There were 100 members present. Helen A. Des Brisay,
Sec.-Treas.

VICTORIAN ORDER OF NURSES

In the last annual report of the Victorian Order of Nurses, the Chief Superintendent urged strongly that provision be made by each local association for more pre-natal visiting, and for the continuation of visits to the babies to the end of the first year at least. No means can be more effective in the child welfare campaign than those two suggested.

In this connection we wish to draw the attention of the Nurses to the monograph, entitled "Pre-Natal Care," the first of a series on the care of children, which is being issued by the Children's Bureau, Washington, D.C. This is written by Mrs. Max West and is very concise.

In it Mrs. West takes up Pregnancy, Personal Hygiene, dealing with diet during pregnancy, quantity of food, condition of bowels, exercise, clothing, care of skin, fresh air and ventilation, condition of breasts and care of the teeth; complications of pregnancy and how to avoid them, preparations of confinement, outfit for the baby, birth of the baby, care of baby, lying-in-period, nursing the baby, and diet for a nursing mother.

We are reproducing here the section on "Toxemia":

"As the child in the uterus grows there is constantly being sent back into the mother's blood an increasing amount of waste matter; if, in addition, the mother's own nutritional processes are imperfect and there is difficulty in eliminating all these waste products, a condition may result which will be more or less serious for both the mother and the child. This condition is called Toxemia. Some of the common symptoms of Toxemia are:

1. Serious or persistent vomiting.
2. Repeated headaches.
3. Dizziness.

4. Puffiness of face and hands.
5. Blurring of the vision.
6. Neuralgic pains, especially about the pit of the stomach.

It must be understood that one or more of these symptoms does not necessarily indicate that toxemia is present, for in many cases the cause of these disturbances may be very easily removed and result in nothing of any consequence. But when such symptoms appear they should always be brought to the attention of the doctor, and it will be well to send a specimen of the urine to him immediately. Prevention of the serious results of toxemia, by observing and reporting the symptoms which precede it to the doctor is of great moment to all pregnant women. There is a tendency among women to regard some of these disturbances as the necessary accompaniment of the condition. There is no truth in the old saying that "a sick pregnancy is a safe one," and it should be entirely disregarded. There is no possible virtue, in pregnancy or in any other condition, in enduring any pain or distress that can be prevented by proper means, and much harm may result from such neglect. Every pregnant woman should strive to keep in mind the plain and simple rules for health, the most important of which it may not be amiss to bring together here:

1. Guard scrupulously against continued constipation.
2. Avoid an excessive quantity of meat.
3. Drink a liberal amount of water.
4. Take plenty of out-door exercise and keep all the rooms of the house well ventilated day and night.
5. Bathe every day.
6. Wear light but suitably warm and comfortable clothing.
7. Sleep at least 8 hours out of the 24 and do not become overtired at any time.
8. Have the urine examined at stated intervals.
9. Strive to be happy, seek self-control and do not worry.
10. Consult the doctor when symptoms of illness persist.

The Board of Foreign Missions of the Presbyterian Church in the United States are asking, through the secretary of the Student Volunteer Movement for Foreign Missions, Wilbert B. Smith, 600 Lexington Ave., New York city, for a woman physician for their mission station at Triuanfu, Shantung province, China. They ask for a physician with thorough medical training and considerable practice. She should also possess a sound constitution, good health, good sense, ability to work harmoniously with others, and the dominating purpose to make her life and work contribute directly to the Christian and religious aim of the mission.

THE HEATHER CLUB

By Mrs. Clutterbuck

The Heather Club Chapter I. O. D. E.—the Toronto chapter composed of nurses and their friends—have just held a most successful bazaar, the proceeds to date being a little over eight thousand dollars ($8,000).

At 10.30 o'clock on the morning of October 30th, in Columbus Hall, the Lieutenant-Governor of Ontario, Sir John Gibson, after telling of the formation of this chapter as a committee from the Alumnae Association of the Hospital for Sick Children, of its growth and varied development, of the part played by Mr. John Ross Robertson in donating a pavilion in the grounds of the Lakeside Home, where eighty-seven children have been cared for this summer; of the later gift of Lieut.-Col. and Mrs. A. E. Gooderham to the I.O.D.E. in Toronto, of the co-operation of the School Nurses and of the Tuberculosis Nurses in this great work of prevention in our city, declared the bazaar open.

Too much can scarcely be said of the beauty of the heather-clad booths, containing household goods, fancy goods, dolls, aprons, handkerchiefs, baby clothes, candy, antiques, pictures, books, fruit and flowers, table delicacies, perfumes, etc, and of the bright-faced ladies, gowned in white, who presided at these booths. The fortune-telling gypsies, the Dutch girls in quaint costume, who presided over the tea-room, added to the picturesqueness of the scene, and then the bazaar was declared open and Lady Gibson and her daughter, Miss Gibson, attended by Major Caldwell, descended from the gallery and began to purchase, visiting from booth to booth, selecting and buying, and all the good ladies of Toronto and many of Toronto's gallant men followed her good example, and the crowds came and went all day long, and all evening, until the people on the streets near the bazaar thought it looked like the night before Christmas, because there were such bargains, everybody was carrying parcels.

And now the members of the Heather Club Chapter, who worked hard to make the bazaar a great success, are very happy, for they can show Lieut.-Col. and Mrs. A. E. Gooderham their appreciation of the gift of the Preventitium, where homeless children who have been exposed to tuberculosis will find a home, by endowing a cot—The Heather Club Chapter Cot.; to Mr. John Ross Robertson, by placing an endowment upon the Heather Club's Pavilion, where the same class of children, whose homes are in crowded districts in the city, enjoy a real holiday under the supervision of trained nurses during the summer months, and they can also more adequately help these children in their homes during the winter months, for now they have the funds to appoint a nurse, placing her in charge of the clinic in the Hospital for

sick Children, and in charge of the dispensing of help through the social workers.

Our most sincere thanks are due not only to all who provided and helped to make the bazaar but to every citizen who came and supported the effort.

There is room on our membership list for every trained nurse in Ontario.

You can be an active member for 50c. a year.

You can be an associate member for $1.00 a year.

You can be a sustaining member for $5.00 a year.

Or we will make you a life member if you send us $25.00, and you will get a report of our work each year and help in preventing tuberculosis in our land by caring for the children exposed before they become victims.

THE SCHOOL NURSE

The accompanying cuts illustrate what has been accomplished in the way of open air schools in Toronto since the organization of medical inspection. The first picture shows the pupils at dinner in the open pavilion. Wholesome food is part of the open air school program.

The second is a picture of the pupils during the Rest Hour. All pupils are required to sleep from 1—3 p.m. It is proposed to establish four of these forest schools in Toronto in 1914.

Ten thousand tooth brushes and thirteen thousand tubes of tooth

Dinner at Forest School

paste were sold at cost to school children in Toronto during 1912 by the Department of Medical Inspection.

"The fear of future pain as a prod to urge children to the dentist is obsolete and should be discouraged."—Oral Health.

"He who helps a child helps humanity with a distinctness, with an immediateness, which no other help given to human creatures, at any other stage of their life, can possibly give them."—Phillip Brooks.

A paper on School Nursing, by Miss Stanley, of Cleveland, contains the following interesting paragraph:—

"One of our nurses performed a unique piece of work this term

in investigating homes of feeble minded, under the direction of the special examiner for backward and mentally defective pupils. A few homes of the more seriously retarded children were picked out for investigation. The object of this is to show by means of charts the appalling number of feeble-minded persons in family groups, and the urgent need for segregation.

In a family of four generations the nurse succeeded in getting reliable and accurate information on 52 relatives. Out of that number there were 24 feeble-minded individuals. The great grandmother was feeble-minded to start with. In this group there is alcoholism, prostitution, miscarriages, still births and criminality."

Rest Hour at Forest School

Beside visits to homes, other sources of information were studied through the Associated Charities, Humane Society, Probate Court, Bureau of Vital Statistics, physicians and ministers. The nurse gave one day a week to this field work and obtained material for five genealogical bills. They present striking pictures and show the need for the segregation of these poor unfortunates far more than statistics could. To a nurse who has made some study of the feeble-minded, there is a wonderful opportunity in this line of work."

The regular monthly meeting of the Canadian Public School Nurses' Association was held Monday, Nov. 3rd, at the Club House, Mrs. Struthers, the president, in the chair.

Articles descriptive of the work in other places were read by the committee on entertainment, and much appreciated as containing new and valuable suggestions.

Afternoon tea was served before adjournment.

The Toronto School Nurses will hold their annual At Home on January 16th, at the Metropolitan Assembly Rooms, College street. Dancing from 8 to 12 p.m. It is hoped that all members of the Association, whether in town or out, will accept this intimation and be present.

BIRTHS

Ludeke—On October 20th, 1913, on Bow Island, Alta., to Mr. and Mrs. E. C. Ludeke, a daughter. (Mrs. Ludeke was Miss Emma Veal, K.G.H.)

Hooper—On August 19th, 1913, at 121 Jasper street west, Edmonton, Alberta, to Mr. and Mrs. Frank C. Hooper, twins (girls).

Le Gallais—At Johnsville, P.Q., to Rev. and Mrs. Le Gallais, (Miss McGie, Class '07, R.M.H., Montreal), a son.

Coleman—At New Philadelphia, Ohio, to Dr. and Mrs. Coleman (Miss Campbell, Class '09, R.V.H., Montreal), a son.

Farrar—On August 29th, at Regina, Sask., to Mr. and Mrs. G. E. Farrar (Miss Alexander, Class '12, R.V.H., Montreal), a daughter.

Ross—At Strathcona Hospital, Toronto, Sept. 4th, 1913, to Mr. and Mrs. Oliver Ross, a daughter (Mrs. Ross was Miss Victoria Brewer, T.W.H.)

Whitelaw.—On October 20th, 1913, at Vancouver, B.C., to Dr. and Mrs. Whitelaw, a son. Mrs. Whitelaw (nee Miss E. H. Mackay) is a Graduate of the Royal Victoria Hospital, Montreal.

MARRIAGES

Colvin—Looney.—At the home of the bride's father, 2136 Gerrard Street East, on Oct. 29th, 1913, Annie Clara Looney to Mr. George Gladstone Colvin, of Toronto. Mrs. Colvin is a graduate nurse of the Hamilton City Hospital in the year 1904.

Walker—Sampson—In Westminster Church, Regina, Sask., on September 17, 1913, Miss Margaret Sampson, graduate of Midland General Hospital, and post-graduate of St. Michael's Hospital, Toronto, to Mr. John Stewart Walker.

CENTRAL REGISTRY

The regular monthly meeting of the Central Registry Committee was held at the Registry Office, 295 Sherbourne street, Monday, November 3rd, at 8 p.m. In the absence of Miss Mitchell, the convener, Miss Argue occupied the chair. Eight members were present.

REGISTRAR'S REPORT FOR OCTOBER

Calls—Personal, 271; Registry, 84: total number of calls, 355.

Three cases were helped from the Central Registry extention fund.

Eleven applications were brought before the Committee, nine of which were accepted.

Sorry to report the illness of one of our members, Miss McCredie, Graduate of the Toronto General Hospital; trust to hear of her speedy recovery.

FINANCIAL STATEMENT

Fees received in October	$370.00
From Sale of Charts	7.65
	$377.65
Disbursements	$185.50
Balance in Savings Account	$1,424.02
Balance in Current Account	312.72
On Hand	10.50
Total Balance	$1,747.24

HOSPITALS AND TRAINING SCHOOLS OF CANADA

British Columbia.

HOSPITAL—Royal Inland, Kamloops.
Established—1882.
Superintendent of Hospital and Nurses—Edith Patton.
Number of beds—One hundred and twenty.
Graduate nurses on staff—Six.
Pupil nurses—Seventeen.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics, Maternity, Infectious Diseases.

Manitoba.

HOSPITAL—The General, Dauphin.
Established—1900.
Registered—1901, in Winnipeg.
Superintendent of Hospital and Nurses—A. Isabel Laidlaw.
Number of beds—Twenty-four.
Graduate Nurses on Staff—None.
Pupil Nurses—Seven.
Term of Training—Three years.
Branches of Training—Medicine, Surgery, Obstetrics.

HOSPITAL—Freemason's, Morden.
Established—1893.
Registered—1893, in Winnipeg.
Superintendent of Hospital and Nurses—Evelyn M. Whitney.
Graduate Nurses on Staff—None.
Pupil Nurses—Nine.
Term of Training—Three years.
Number of beds—Twenty-three.
Branches of Training—Medicine, Surgery, Obstetrics.

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THE NURSES' LIBRARY

"Index of Practical Nursing;" by J. Basil Cook, M.D., D.P.H., Senior Assistant Medical Officer, Kensington Infirmary. The Macmillan Company of Canada, Ltd., Toronto. The title explains the purpose of the book. The different procedures in the care of the patient are clearly and briefly explained. The text is so arranged as to facilitate reference.

"Essentials of Fever Nursing," by Lytton Maitland, M.D., (Lond.), B.S., D.P.H. (Camb.): The Scientific Press, Ltd., 28, 29, Southampton St., Strand, London, W.C., England. One shilling net.

A very small hand-book that gives the "most important, practical details of fever nursing."

MARRIAGES

Wallace-Robertson—On Saturday, Oct. 25th, in Toronto, Miss Isabel Robertson, Class 1913, R.V.H., Montreal, to Prof. Wallace, of Toronto University.

Chandler-Martin—On August 29th, at Charlottetown, P.E.I., Miss Martin, Class 1912, R.V.H., Montreal, to Mr. Fred Chandler.

Wherry-Coulter—On Tuesday, Nov. 4th, at St. Paul's Church, Bethany, Margaret Eleanor Coulter to Mr. Robert Wherry, Toronto. Miss Coulter is a Graduate of Grace Hospital, Toronto, Class 1907.

Harris-Rogan—At Reddlestone, Sask., June 25th, 1913, Minnie Rogan, T.W.H., to Mr. Wm. F. Harris, of Fort William, Ont.

Knechtel-Becker—At Proton Station, Ont., Sept. 10th, 1913, Bertha E. Becker, T.W.H., to Rev. John E. Knechtel, Edmonton, Alberta.

Gillispie-Gillis—On Monday, Oct. 27th, 1913, at the Church of the Holy Rosary, Vancouver, B.C., Miss Blanche Gillis, Graduate Boston City Hospital, to Michael Gillispie, of Vancouver.

DEATHS

Hooper—On August 30th, 1913, at 121 Jasper street west, Edmonton, Alberta, Mary Green, wife of Frank C. Hooper. Mrs. Hooper was a graduate of the Hospital for Sick Children, Class 1906.

Foley—Miss Helen Foley, Graduate of St. Michael's Hospital, Class 1906, died suddenly after a very short illness on Aug. 30th, 1913, at Dorchester, Mass.

School children should be protected from the circulation of germ-laden dust.

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ALUMNAE ASSOCIATION, GRACE HOSPITAL, TORONTO

Honorary President, Miss G. L. Rowan, Grace Hospital; President, Miss L. Smith, 596 Sherbourne St.; First Vice-President, Miss De Vellin, Alexandra Apartments, University Ave.; Second Vice-President, Miss E. Knight, 28 Hampton Mansions, Metcalfe St.; Secretary, M. E. Henderson, 552 Bathurst St.; Assistant Secretary, M. E. Jewison, 552 Bathurst St.; Treasurer, Miss Carnochan, 566 Sherbourne St.

Board of Directors—Miss Rowan, Sloane, Warden, McPherson and Irvine.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—M. E. Jewison, 552 Bathurst St.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 552 Bathurst St.

Regular Meeting, second Wednesday of each month, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively; President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss M. E. Christie; Second Vice-President, Miss Isabel Fergusson; Recording Secretary, Miss Bella Crosby, 41 Rose Ave.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Georgie Henry, 153 Rusholme Road.

Directors—Mrs. A. E. Findlay, Miss Margaret Telfer, Miss E. E. Augustine.

Conveners of Committees—Social and Look-Out, Mrs. Mill Pellatt, 36 Jackes Ave.; Programme, Miss Janet Neilson, 295 Carlton St.; Registration, Miss Bella Crosby, 41 Rose Ave.

Representatives on Central Registry Committee—Miss C. A. Mitchell, Miss Laura Gamble.

Representative "The Canadian Nurse"—Miss Lennox.

Regular Meeting—First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President—Miss O'Connor, Supt. of St. Michael's Hospital; First Vice-President, Mrs. P. W. O'Brien, 126 McCaul St.; Second Vice-President, Mrs. Roach, 86 St. Patrick St.; Secretary, Miss Foy, 163 Concord Ave; Treasurer, Miss Christie, 330 Berkeley St.

Board of Directors—Miss Connor, 853 Bathurst St.; Miss McDonald, 423 Sherbourne St.; Miss Hinchey, 853 Bathurst St.

Representative on Central Registry Committee—Miss Christie, 330 Berkeley St.; Miss Crowley, 853 Bathurst St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, Supt. of St. Michael's Hosp.

Representative "The Canadian Nurse"—Miss Stubberfield, 1 St. Thomas St.

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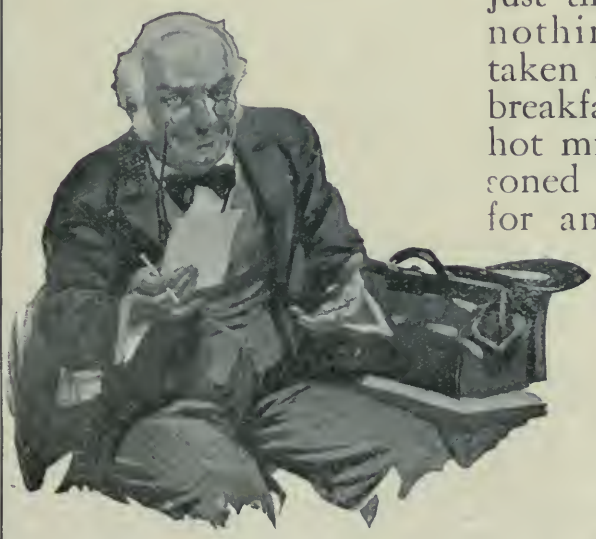

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